FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000002116 (1)

1. Corporation Name

THE HOMEOWNERS OF CITRUS POINTE, INC.

Principal Place of Business	Mailing Address
1514 S. WASHINGTON AVE. TITUSVILLE FL 32780	1514 S. WASHINGTON AVE. TITUSVILLE FL 32780

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/27/1994
3a. Date of Last Report:
4. FEI Number: EIN 59-3248624 — Applied For ☐ Not Applicable ☐

2. Principal Place of Business	2a. Mailing Address
21 4988 Hamlin Cir	26 4988 Hamlin Cir
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Mims FL	28 City & State: Mims FL
24 Zip: 32754	29 Zip: 32754
25 Country: Brevard	30 Country: Brevard

5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ROBERTS, ROBI K
1514 S. WASHINGTON AVE.
TITUSVILLE FL 32780

10. Name and Address of New Registered Agent

81 Name: Jack E Carter
82 Street Address (P.O. Box Number is Not Acceptable): 4988 Hamlin Cir
83
84 City: Mims FL 85 Zip Code: 32754

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Jack E Carter — 4-17-95
Signature, typed or printed name of registered agent and title, if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	PTD ☒ Change ☐ Addition
NAME	ROBERTS, ROBI K	12 NAME	Jack E Carter
STREET ADDRESS	1514 S. WASHINGTON AVE.	13 STREET ADDRESS	4988 Hamlin Cir
CITY-ST-ZIP	TITUSVILLE FL 32780	14 CITY-ST-ZIP	Mims FL 32754
TITLE	VSD	21 TITLE	TSD ☒ Change ☐ Addition
NAME	ROBERTS, ROY F JR.	22 NAME	Bruce Ericson
STREET ADDRESS	1514 S. WASHINGTON AVE.	23 STREET ADDRESS	4980 Hamlin Cir
CITY-ST-ZIP	TITUSVILLE FL 32780	24 CITY-ST-ZIP	Mims FL 32754
TITLE	D	31 TITLE	D ☒ Change ☐ Addition
NAME	TREDER, JAMES	32 NAME	ROBI K. Roberts
STREET ADDRESS	2110 S. WASHINGTON AVE.	33 STREET ADDRESS	1514 S Washington Ave
CITY-ST-ZIP	TITUSVILLE FL 32780	34 CITY-ST-ZIP	Titusville FL 32780
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	RECEIVED BY MAY 1 ☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jack E Carter P — Jack E Carter — 4-17-95 — 407 264-9496
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003583