

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000002116 (1)

1. Corporation Name

THE HOMEOWNERS OF CITRUS POINTE, INC.



Principal Place of Business

4988 HAMLIN CIR
MIMS FL 32754
US

Mailing Address

4988 HAMLIN CIR
MIMS FL 32754
US

3. Date Incorporated or Qualified
04/27/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-3248624

Applied For ☒ *fund*
Not Applicable ☐

22

27

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23

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6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24

25

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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARTER, JACK E
4988 HAMLIN CIR
MIMS FL 32754

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Jack E. Carter *Jack E. Carter, President*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

DATE

3/15/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PVD
NAME CARTER, JACK E
STREET ADDRESS 4988 HAMLIN CIR
CITY-ST-ZIP MIMS FL ☐ DELETE

1.1 TITLE
1.2 NAME ☐ Change ☐ Addition
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TSD
NAME ERICKSON, BRUCE
STREET ADDRESS 4980 HAMLIN CIR
CITY-ST-ZIP MIMS FL ☐ DELETE

2.1 TITLE
2.2 NAME ☐ Change ☐ Addition
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME ROBERTS, ROBI K
STREET ADDRESS 1514 S WASHINGTON AVE
CITY-ST-ZIP TITUSVILLE FL ☐ DELETE

3.1 TITLE
3.2 NAME ☐ Change ☐ Addition
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4.1 TITLE
4.2 NAME ☐ Change ☐ Addition
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME ☐ Change ☐ Addition
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME ☐ Change ☐ Addition
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 this 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:

D. Bruce Erickson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

D. Bruce Erickson, Treasurer 3/15/96 407-2688940

CR2E037 (12/95)