

FILE NOW: FILING FEE IS \$61.25

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Apr 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Worthington</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000002116 (1)**  
1. Corporation Name

**THE HOMEOWNERS OF CITRUS POINTE, INC.**



Principal Place of Business <b>4980 Hamlin circle</b> <del>4980 HAMLIN CIR</del> MIMS FL 32754 US	Mailing Address <b>4980 Hamlin circle</b> <del>4980 HAMLIN CIR</del> MIMS FL 32754-5776 US
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2. Principal Place of Business <b>4980 Hamlin circle</b> Suite, Apt. #, etc. <b>21</b>	2a. Mailing Address <b>4980 Hamlin circle</b> Suite, Apt. #, etc. <b>26</b>	3. Date Incorporated or Qualified <b>04/27/1994</b>	3a. Date of Last Report <b>03/20/1996</b>
<b>22</b>	<b>27</b>	4. FEI Number <b>59-3248624</b>	Applied For Not Applicable
City & State <b>23 MIMS FLA</b>	City & State <b>28 MIMS FLA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>24 32754-5776</b>	Country <b>25 FLA</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>29 32754-5776</b>	<b>30 FLA</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <del>CARTER, JACK E</del> <del>4980 HAMLIN CIR</del> <del>MIMS FL 32754</del> <b>Deceased 08 Aug 1996</b> <b>Wendy D. Carter, President</b> <b>4980 Hamlin Circle</b> <b>Mims FL 32754</b>		10. Name and Address of New Registered Agent <b>81 Name</b> <b>Dr. Bruce E. Erickson</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>4980 Hamlin circle</b> <b>83</b> <b>84 City</b> <b>MIMS</b> <b>85 Zip Code</b> <b>FL 32754-5776</b>	
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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 obligation of, Section 617.0503, Florida Statutes.

SIGNATURE **Dr. Bruce Erickson** **Treasurer/Secretary** **04 Mar 1997**  
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 <b>PVD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PVD</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>CARTER, JACK E</b>		1.2 NAME <b>Carter, Wendy</b>	
STREET ADDRESS <b>4988 HAMLIN CIR</b>		1.3 STREET ADDRESS <b>4988 Hamlin Cir</b>	
CITY-ST-ZIP <b>MIMS FL</b>		1.4 CITY-ST-ZIP <b>Mims FL 32754</b>	
TITLE <b>TSD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ERICKSON, BRUCE</b>		2.2 NAME	
STREET ADDRESS <b>4980 HAMLIN CIR</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIMS FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ROBERTS, ROBI K</b>		3.2 NAME	
STREET ADDRESS <b>1514 S WASHINGTON AVE</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>TITUSVILLE FL</b>		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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: **Dr. Bruce Erickson** **04 March 1997 407-268-8940**

CR2E037 (9/96)