

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90044 015 \*\*\*\*61.25

**DOCUMENT # N94000003792**

1. Entity Name  
CITRUS HEIGHTS PROPERTY OWNER'S ASSOCIATION,  
INC.



Principal Place of Business  
2316 JO HAYWOOD DRIVE  
FT. PIERCE, FL 34946

Mailing Address  
2202 JO HAYWOOD DRIVE  
FORT PIERCE, FL 34946

**54009936**



2. Principal Place of Business  
Same as above

3. Mailing Address  
P.O. Box 4101

Suite, Apt. #, etc.  
n/A

Suite, Apt. #, etc.  
N/A

02172004 Chg-NP CR2E037 (10/03)

City & State  
Same as above

City & State  
Fort Pierce, FL

4. FEI Number  
65-0583692

Applied For  
Not Applicable

Zip Country  
Same as above U.S.A.

Zip Country  
34948-4101 U.S.A.

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

**6. Name and Address of Current Registered Agent**

FELTON, BARBARA  
2202 JO HAYWOOD DRIVE  
FT. PIERCE, FL 34946

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Barbara Felton*  
Signature, typed or printed name of registered agent and title if applicable.

February 18, 2004  
DATE

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BANKS, TREVOR 2316 JO HAYWOOD DRIVE FT. PIERCE, FL 34946	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WATSON, EDDIE 2307 JO HAYWOOD DRIVE FT. PIERCE, FL 34946	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FELTON, BARBARA 2202 JO HAYWOOD DRIVE FT. PIERCE, FL 34946	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CRENSHAW, WILLIE MAE 2311 JO HAYWOOD DRIVE FT. PIERCE, FL 34946	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAR ROLLE, ARTHUR 2205 JO HAYWOOD DRIVE FORT PIERCE, FL 34946	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Barbara Felton* **Barbara Felton** February 18, 2004 (772)462-1406  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #