2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006
Secretary of State

DOCUMENT# N94000003792

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

Current Principal Place of Business:

2209 JO HAYWOOD DRIVE
FT. PIERCE, FL 34946

New Principal Place of Business:

Current Mailing Address:

PO BOX 4101
FORT PIERCE, FL 34948

New Mailing Address:

FEI Number: 65-0583692 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VERNETTE, ARETHA L
2214 JO HAYWOOD DRIVE
FT. PIERCE, FL 34946 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PRES	( ) Delete
Name:	DAVIS, DOROTHY	
Address:	2209 JO HAYWOOD DRIVE	
City-St-Zip:	FT. PIERCE, FL 34946	
Title:	VP	( ) Delete
Name:	ROLLE, ARTHUR	
Address:	2205 JO HAYWOOD DRIVE	
City-St-Zip:	FT. PIERCE, FL 34946	
Title:	SEC	( ) Delete
Name:	VERNETTE, ARETHA L	
Address:	2214 JO HAYWOOD DRIVE	
City-St-Zip:	FT. PIERCE, FL 34946	
Title:	TRES	( ) Delete
Name:	CRENSHAW, WILLIE MAE	
Address:	2311 JO HAYWOOD DRIVE	
City-St-Zip:	FT. PIERCE, FL 34946	
Title:	PARL	( ) Delete
Name:	WALKER, WILLIE	
Address:	2305 JO HAYWOOD DRIVE	
City-St-Zip:	FORT PIERCE, FL 34946	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARETHA L. VERNETTE MS. 03/17/2006

Electronic Signature of Signing Officer or Director — Date