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Secretary of State

04-27-1999 90210 034 ***122.50

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000003640

1. Corporation Name

CITRA PINES OWNERS ASSOCIATION, INC.

Principal Place of Business

255 NORTH LAKE AVENUE
LAKE BUTLER FL 32054

Mailing Address

255 NORTH LAKE AVENUE
LAKE BUTLER FL 32054

559717-90052-34



2. Principal Place of Business	2a. Mailing Address	3. Date incorporated or Qualified
21	26 <i>P.O. Box 233</i>	06/19/1998
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	Applied For <input checked="" type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	28 <i>Lake Butler FL</i>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Zip	
24	29 <i>32054</i>	30 <i>USA</i>

9. Name and Address of Current Registered Agent

ROBERTS, AVERY C
255 NORTH LAKE AVENUE
LAKE BUTLER FL 32054

10. Name and Address of New Registered Agent

81 Name	<i>Linda C. Boles</i>
82 Street Address (P.O. Box Number is Not Acceptable)	<i>6798 Crystal Lake Road</i>
83	
84 City	<i>Starke</i>
85 Zip Code	<i>FL 32091</i>

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

Signature typed or printed name of registered agent and title if applicable.

(NOT E-Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>ROBERTS, AVERY C</i>	1.2 NAME	<i>Roberts, Avery C</i>
STREET ADDRESS	<i>POST OFFICE BOX 233 N/A</i>	1.3 STREET ADDRESS	<i>P.O. Box 233</i>
CITY-ST-ZIP	<i>LAKE BUTLER FL 32054</i>	1.4 CITY-ST-ZIP	<i>Lake Butler, FL 32054</i>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>BOLES, LINDA C</i>	2.2 NAME	
STREET ADDRESS	<i>6798 CRYSTAL LAKE ROAD</i>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<i>STARKE FL 32091</i>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>WOODINGTON, BILLY</i>	3.2 NAME	
STREET ADDRESS	<i>255 NORTH LAKE AVENUE</i>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<i>LAKE BUTLER FL 32054</i>	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 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 517, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature typed or printed name of signing officer or director

4-15-99

Date

90474963509

Daytime Phone #

CR2E037 (11/98)