

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N98000003640

1. Entity Name
CITRA PINES OWNERS ASSOCIATION, INC.



Principal Place of Business
**12469 W SR 100
LAKE BUTLER, FL 32054**

Mailing Address
**P.O. BOX 233
LAKE BUTLER, FL 32054**



01072008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BOLES, LINDA C
12469 W SR 100
LAKE BUTLER, FL 32054**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10000003640632

03/06/08-80055-011 70.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROBERTS, AVERY C
STREET ADDRESS	P.O. BOX 283
CITY-ST-ZIP	LAKE BUTLER, FL 32054
TITLE	D
NAME	BOLES, LINDA C
STREET ADDRESS	6798 CRYSTAL LAKE ROAD
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656
TITLE	D
NAME	SUGGS, CHRISTINA
STREET ADDRESS	RT. 4 BOX 3495
CITY-ST-ZIP	LAKE BUTLER, FL 32054
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Christina M. Suggs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christina M. Suggs
Date

2/15/08
Daytime Phone #

386-496-3509