

FILED
Mar 07, 2003 8:00 am
Secretary of State

02-21-2003 90172 002 ***150.00

2/21

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000049376

1. Entity Name
CITRUS SPRINGS LOTOWNER'S ASSOCIATION, INC.



Principal Place of Business
POST OFFICE BOX 290127
PORT ORANGE FL 32129

Mailing Address
POST OFFICE BOX 290127
PORT ORANGE FL 32129

2. Principal Place of Business
3801 Woodbrae TR
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Port Orange FL

City & State

4. FEI Number 02-0678224

Applied For
Not Applicable

Zip 32129 Country US

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STORCH, GLENN D ESO.
STORCH, HANSEN & MORRIS, P.A.
420 SOUTH NOVA ROAD
DAYTONA BEACH FL 32114

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	OWNBY, JAMES D	POST OFFICE BOX 290127	PORT ORANGE FL 32129	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ 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 607, 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: Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-03 386-322-0851

Date

Daytime Phone #

CR2E034 (10/02)