2008 FOR PROFIT CORPORATION ANNUAL REPORT

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May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000092019

1. Entity Name
CITADEL POINTE, INC.

PROPERTY #:
G.L. ACCOUNT #:
BUDGETED: Yes ____ No ____
APPROVAL:
OPERATIONS: _____
DIRECTOR: _____
3-26-08

Principal Place of Business	Mailing Address
1515 N FEDERAL HWY, STE 306 BOCA RATON, FL 33432	1515 N FEDERAL HWY, STE 306 BOCA RATON, FL 33432

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02132008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0886503
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GENSHEIMER, MARK A
1515 N FEDERAL HWY.
STE. 306
BOCA RATON, FL 33432

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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, 2008 Fee will be $550.00

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

U00000942956
05/29/08-80038-009 650.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GENSHEIMER, MARK A
STREET ADDRESS	1515 N FEDERAL HWY, STE 306
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	D
NAME	SCHMIDT, RICHARD L
STREET ADDRESS	1515 N FEDERAL HWY, STE 306
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Mark A. Gensheimer
President