

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758496

Entity Name: CITRUS CHASE HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**5756 S. SEMORAN BLVD.
ORLANDO, FL 32822**Current Mailing Address:**5756 S. SEMORAN BLVD.
ORLANDO, FL 32822 US**FEI Number:** 59-2176502**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HOUSE OF MANAGEMENT ENTERPRISES FOR COMMUNITY ASSOCIATIONS INC.
5756 S. SEMORAN BLVD.
ORLANDO, FL 32822 US*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:** CHERYL ZOOK

01/24/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	BUCCINO, ANTHONY
Address	5756 S SEMORAN BLVD
City-State-Zip:	ORLANDO FL 32822
Title	TREASURER
Name	HARGREAVES, PAULINE
Address	5756 S SEMORAN BLVD
City-State-Zip:	ORLANDO FL 32822
Title	DIRECTOR
Name	RODRIGUEZ, LUCY
Address	5756 SOUTH SEMORAN BLVD
City-State-Zip:	ORLANDO FL 32822
Title	DIRECTOR
Name	ERRAFAY, ANGEL
Address	5756 S. SEMORAN BLVD
City-State-Zip:	ORLANDO FL 32822

Title	VP
Name	HARGREAVES, MIKE
Address	5756 S SEMORAN BLVD
City-State-Zip:	ORLANDO FL 32822
Title	DIRECTOR
Name	CUMPSTONE, SHERRY
Address	5756 SOUTH SEMORAN BLVD
City-State-Zip:	ORLANDO FL 32822
Title	DIRECTOR
Name	WOOD, DAVID
Address	5756 S. SEMORAN BLVD
City-State-Zip:	ORLANDO FL 32822

I hereby 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 all other like empowered.

SIGNATURE: ANTHONY BUCCINO

PRESIDENT

01/24/2018

Electronic Signature of Signing Officer/Director Detail

Date