

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 765543

**Entity Name:** CITRUS WATERCOLOR SOCIETY, INC.**Current Principal Place of Business:**FIRST CHRISTIAN CHURCH  
2018 COLONADE  
INVERNESS, FL 34453**Current Mailing Address:**P O BOX 2464  
INVERNESS, FL 34451-2464 US**FEI Number: 59-2946213****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CROLY, AILEEN  
4172 N CANDLEWOOD DRIVE  
BEVERLY HILLS, FL 34465 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:** AILEEN CROLY**01/17/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**Title SECRETARY  
Name VALLIMONT, NANCY  
Address P O BOX 2464  
City-State-Zip: INVERNESS FL 34451-2464Title 1VP  
Name STRAWBRIDGE, SUSAN  
Address P O BOX 2464  
City-State-Zip: INVERNESS FL 34451-2464Title TREASURER  
Name CROLY, AILEEN  
Address P O BOX 2464  
City-State-Zip: INVERNESS FL 34451-2464Title DIRECTOR AMBASSADOR  
Name ESTRELLA, ART  
Address P O BOX 2464  
City-State-Zip: INVERNESS FL 34451-2464Title PRESIDENT  
Name GOLDBERG, DARLA  
Address P O BOX 2464  
City-State-Zip: INVERNESS FL 34451-2464Title 2VP MEMBERSHIP  
Name SLOAN, MARIE  
Address P O BOX 2464  
City-State-Zip: INVERNESS FL 34451-2464

*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:** AILEEN CROLY**TREASURER****01/17/2021**

Electronic Signature of Signing Officer/Director Detail

Date