	e: CITRUS MEDICAL CONDOMINIUM O	WNERS' ASSOCIAT	ION, Secretary CON, CC2000	of State
	ncipal Place of Business: STON PARK BLVD 32819		002000	920033
Current Ma	ling Address:			
-	NGTON PARK BLVD FL 32819 US			
FEI Numbe	: APPLIED FOR		Certificate of Status Desir	r ed: No
Name and A	Address of Current Registered Agent:			
SAMY, SHAHI 4744 KENSINO ORLANDO, FL	TON PARK BLVD			
The above name	d entity submits this statement for the purpose of changing	its registered office or registered	ered agent, or both, in the State of Flor	• •
			•	ida.
SIGNATUR	E: SHAHID SAMY			
SIGNATUR			- · ·	
	E: SHAHID SAMY			03/26/2016
	Electronic Signature of Registered Agent	Title	D	03/26/2016
Officer/Dire	E: SHAHID SAMY Electronic Signature of Registered Agent Ctor Detail :		D SHAHID, SADIA	03/26/2016
Officer/Dire Title	Electronic Signature of Registered Agent	Title		03/26/2016
Officer/Dire Title Name Address	E: SHAHID SAMY Electronic Signature of Registered Agent ctor Detail : D SAMY, SHAHID	Title Name Address	SHAHID, SADIA	03/26/201

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N1000008791

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.

PRESIDENT

03/26/2016

FILED Mar 26, 2016

Electronic Signature of Signing Officer/Director Detail