

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000008791

**FILED**  
**Apr 29, 2014**  
**Secretary of State**  
**CC2673404594**

**Entity Name:** CITRUS MEDICAL CONDOMINIUM OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

1128 KELTON AVE  
OCOEE, FL 34761

**Current Mailing Address:**

PO BOX 930  
WINDERMERE, FL 34786

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SALEEM, MUHAMMAD A  
1128 KELTON AVE  
OCOEE, FL 34761 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name SALEEM, MUHAMMAD A  
Address PO BOX 930  
City-State-Zip: WINDERMERE FL 32836

Title D  
Name KHAN, SAMINA N  
Address PO BOX 930  
City-State-Zip: WINDERMERE FL 32836

Title D  
Name SAMY, SHAHID  
Address 4744 KENSINGTON PARK BLVD  
City-State-Zip: ORLANDO FL 32819

Title D  
Name SHAHID, SAADIA  
Address 4744 KENSINGTON PARK BLVD  
City-State-Zip: ORLANDO FL 32819

*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: MUHAMMAD SALEEM**

**D**

**04/29/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date