

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000004914

**Entity Name:** CITRUS MEDICAL PLAZA CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**C/O PARADISE ASSOCIATION MANAGEMENT  
1209 US HIGHWAY 1  
SEBASTIAN, FL 32958**Current Mailing Address:**C/O PARADISE ASSOCIATION MANAGEMENT  
1209 US HIGHWAY 1  
SEBASTIAN, FL 32958 US**FEI Number:** 36-4702193**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PARADISE ASSOCIATION MANAGEMENT  
C/O PARADISE ASSOCIATION MANAGEMENT  
1209 US HIGHWAY 1  
SEBASTIAN, FL 32958 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:** HOPE WOODIN LCAM

04/15/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LIEBMAN, AARON  
Address        C/O PARADISE ASSOCIATION  
                  MANAGEMENT  
                  1209 US HIGHWAY 1  
City-State-Zip: SEBASTIAN FL 32958

Title            VP  
Name            CRUZ, JESSE  
Address        C/O PARADISE ASSOCIATION  
                  MANAGEMENT  
                  1209 US HIGHWAY 1  
City-State-Zip: SEBASTIAN FL 32958

Title            SECRETARY  
Name            FLINCHAM, RUSSELL  
Address        C/O PARADISE ASSOCIATION  
                  MANAGEMENT  
                  1209 US HIGHWAY 1  
City-State-Zip: SEBASTIAN FL 32958

Title            TREASURER  
Name            VICK, CHRIS  
Address        C/O PARADISE ASSOCIATION  
                  MANAGEMENT  
                  1209 US HIGHWAY 1  
City-State-Zip: SEBASTIAN FL 32958

Title            DIRECTOR  
Name            CRUZ, JESSICA  
Address        C/O PARADISE ASSOCIATION  
                  MANAGEMENT  
                  1209 US HIGHWAY 1  
City-State-Zip: SEBASTIAN FL 32958

*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:** AARON LIEBMAN

PRESIDENT

04/15/2024

Electronic Signature of Signing Officer/Director Detail

Date