

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 746849 (9)

1. Corporation Name
CITRUS COUNTY BUILDERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
1196 S. LECANTO HWY. LECANTO FL 32681 **1196 S. LECANTO HWY. LECANTO FL 32681**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/23/1979		3a. Date of Last Report 03/31/1995	
21		26		4. FEI Number 59-1896946		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
24	Zip	25	Country	29	Zip	30	Country

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RAMSEY, JUDY 1196 S. LECANTO HWY. LECANTO FL 34461				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		
				FL	85	Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD SANDERS, CHUCK <input type="checkbox"/> DELETE	1.1 TITLE	PD Kingree, Steve <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2472 N. ESSEX AVENUE	1.2 NAME	155 SE Hwy 19 Suite C
STREET ADDRESS	HERNANDO FL	1.3 STREET ADDRESS	Crystal River Fl 34429
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	PED KINGREE, STEVE <input type="checkbox"/> DELETE	2.1 TITLE	PED Clark, Delores <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	155 SE HIGHWAY 19	2.2 NAME	6105 W Norvell Bryant Hwy
STREET ADDRESS	CRYSTAL RIVER FL	2.3 STREET ADDRESS	Crystal River Fl 34429
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VPD CLARK, DELORES <input type="checkbox"/> DELETE	3.1 TITLE	VPD Sudlow, James <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6105 W. NORVELL BRYANT HIGHWAY	3.2 NAME	48 Greentree St
STREET ADDRESS	CRYSTAL RIVER FL	3.3 STREET ADDRESS	Homosassa Fl 34446
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	AVPD RICHARDSON, GREG <input type="checkbox"/> DELETE	4.1 TITLE	AVPD Loos, James <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1075 W. GULF TO LAKE HIGHWAY	4.2 NAME	4111 S Roxbury Ter
STREET ADDRESS	LECANTO FL	4.3 STREET ADDRESS	Homosassa Fl 34446
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	SD BROWN, DELORES <input type="checkbox"/> DELETE	5.1 TITLE	SD Pippin, JoAnn <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	724 NE. HIGHWAY 19	5.2 NAME	850 Hwy 41 S
STREET ADDRESS	CRYSTAL RIVER FL	5.3 STREET ADDRESS	Inverness Fl 34450
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	TD HALL, GASTON F. <input type="checkbox"/> DELETE	6.1 TITLE	TD Hall, Gaston F <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4775 N. LECANTO HWY. #C	6.2 NAME	4775 N Lecanto Hwy
STREET ADDRESS	BEVERLY HILLS FL 34465	6.3 STREET ADDRESS	Beverly Hills Fl 34465
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Delores Clark 4-22-96 795-0606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)