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FILED
May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 746849
1. Corporation Name

CITRUS COUNTY BUILDERS ASSOCIATION, INC.

Principal Place of Business 1196 S Lecanto Hwy Lecanto, FL 34461	Mailing Address 1196 S Lecanto Hwy Lecanto, FL 34461
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3. Date Incorporated or Qualified 04/23/1979	3a. Date of Last Report 04/22/96
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-1896946	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**RAMSEY, JUDY
1196 S LECANTO HWY
LECANTO, FL 34461**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	700002190747
84 City	-05/27/97--01006--018
	***61.25 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 _____
Signature: typed or printed name of registered agent and title if any (cable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	KINGREE, STEVE	1.2 NAME	CLARK, DELORES
STREET ADDRESS	155 SE HWY 19 SUITE C	1.3 STREET ADDRESS	6105 W NORVELL BRYANT HWY
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429	1.4 CITY-ST-ZIP	CRYSTAL RIVER, FL 34429
TITLE	PED	2.1 TITLE	PED
NAME	CLARK, DELORES	2.2 NAME	SUDLOW, JAMES
STREET ADDRESS	6105 W NORVELL BRYANT HWY	2.3 STREET ADDRESS	48 GREENTREE ST
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429	2.4 CITY-ST-ZIP	HOMOSASSA, FL 34446
TITLE	VPD	3.1 TITLE	VPD
NAME	SUDLOW, JAMES	3.2 NAME	VICK, RAY
STREET ADDRESS	48 GREENTREE ST	3.3 STREET ADDRESS	115 N SEMINOLE AVE
CITY-ST-ZIP	HOMOSASSA, FL 34446	3.4 CITY-ST-ZIP	INVERNESS, FL 34450
TITLE	AVPD	4.1 TITLE	AVPD
NAME	LOOS, JAMES	4.2 NAME	GAUDETTE, GERRY
STREET ADDRESS	4111 S ROXBURY TERRACE	4.3 STREET ADDRESS	6380 S TEX POINT
CITY-ST-ZIP	HOMOSASSA, FL 34446	4.4 CITY-ST-ZIP	HOMOSASSA, FL 34448
TITLE	SD	5.1 TITLE	SD
NAME	PIPPIN, JOANN	5.2 NAME	HADLEY, SUSAN
STREET ADDRESS	850 HWY 41 S	5.3 STREET ADDRESS	1590 N MEADOWCREST BLVD
CITY-ST-ZIP	INVERNESS, FL 34450	5.4 CITY-ST-ZIP	CRYSTAL RIVER, FL 34429
TITLE	TD	6.1 TITLE	TD
NAME	HALL, GASTON F	6.2 NAME	OSBORNE, JOHN
STREET ADDRESS	4775 N LECANTO HWY	6.3 STREET ADDRESS	1655 W GULF to LAKE HWY
CITY-ST-ZIP	BEVERLY HILLS, FL 34465	6.4 CITY-ST-ZIP	LECANTO, FL 34461-8020

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, changed, or on an attachment with an address.

SIGNATURE: *Delores A. Clark* Date: *5/5/97* (352)
Signature and typed or printed name of signing officer or director

CR2E037 (9/96)