

mp

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: 1196 S. LECANTO HWY. LECANTO FL 34461
Mailing Address: 1196 S. LECANTO HWY. LECANTO FL 34461

2. Principal Place of Business (21-23) and Mailing Address (2a-2c) fields with sub-fields for Suite, City & State, Zip, and Country.

3. Date Incorporated or Qualified: 04/23/1979
4. FEI Number: 59-1896946
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 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 (81-85)

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: *Judy Ramsey* DATE: 2-9-98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CLARK, DELORES	
STREET ADDRESS	6105 W. NORVELL BRYANT HWY	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	PED	<input type="checkbox"/> DELETE
NAME	SUDLOW, JAMES	
STREET ADDRESS	48 GREENTREE ST	
CITY-ST-ZIP	HOMOSASSA FL 34448	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	VICK, RAY	
STREET ADDRESS	115 N. SEMINOLE AVE	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE	AVPD	<input checked="" type="checkbox"/> DELETE
NAME	GAUDETTE, GERRY	
STREET ADDRESS	6380 S TEX POINT	
CITY-ST-ZIP	HOMOSASSA FL 34448	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HADLEY, SUSAN	
STREET ADDRESS	1590 N MEADOWCREST BLVD	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	OSBORNE, JOHN	
STREET ADDRESS	1655 W GULF TO LAKE HWY	
CITY-ST-ZIP	LECANTO FL 34461-8020	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Assoc. V.P. AVPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Schlaback, Jarey	
1.3 STREET ADDRESS	713 N.E. 5 Terr	
1.4 CITY-ST-ZIP	Crystal River, Fla. 34428	
2.1 TITLE	President PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Sudlow, James	
2.3 STREET ADDRESS	48 Greentree St	
2.4 CITY-ST-ZIP	Homosassa Spgs, Fl 34446	
3.1 TITLE	President Elect PED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Vick, Ray	
3.3 STREET ADDRESS	115 N. Seminole Ave	
3.4 CITY-ST-ZIP	Inverness, Fl. 34450	
4.1 TITLE	2nd Assoc V.P. 2AVPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Deem, Mike	
4.3 STREET ADDRESS	P.O. Box 1668	
4.4 CITY-ST-ZIP	Homosassa Spgs, Fl. 34447	N/A
5.1 TITLE	1st V.P. & Sec SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Hadley, Susan	
5.3 STREET ADDRESS	1590 N. Meadowcrest Blvd	
5.4 CITY-ST-ZIP	Crystal River, Fl. 34429	3/19
6.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Osborne, John	
6.3 STREET ADDRESS	1655W. Gulf to Lake Hwy	
6.4 CITY-ST-ZIP	Lecanto, Fl. 34461-8020	DEP. \$61.25

14. I 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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: 2-9-98

CR2E037 (10/97)