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Secretary of State

03-01-1999 90007 014 ****61.25

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

04/23/1979

4. FEI Number

59-1896946

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE AVPD ☒ DELETE
NAME SCHLABACK, JAREY
STREET ADDRESS 713 N.E. 5 TERR.
CITY-ST-ZIP CRYSTAL RIVER FL 34428

TITLE PD ☒ DELETE
NAME SUDLOW, JAMES
STREET ADDRESS 48 GREENTREE ST
CITY-ST-ZIP HOMOSASSA FL 34446

TITLE PED ☐ DELETE
NAME VICK, RAY
STREET ADDRESS 115 N. SEMINOLE AVE
CITY-ST-ZIP INVERNESS FL 34450

TITLE 2AVD ☐ DELETE
NAME DEEM, MIKE
STREET ADDRESS P.O. BOX 1668 N/A
CITY-ST-ZIP HOMOSASSA FL 34447

TITLE SD ☐ DELETE
NAME HADLEY, SUSAN
STREET ADDRESS 1590 N MEADOWCREST BLVD
CITY-ST-ZIP CRYSTAL RIVER FL 34429

TITLE TD ☐ 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 1VPD ☐ Change ☒ Addition
1.2 NAME ENSING, CHRIS
1.3 STREET ADDRESS P O BOX 995
1.4 CITY-ST-ZIP BEVERLY HILLS, FL 34465

2.1 TITLE 2AVPD ☐ Change ☒ Addition
2.2 NAME TRIANA, LARRY
2.3 STREET ADDRESS 2050 N BRENTWOOD CIRCLE
2.4 CITY-ST-ZIP LECANTO FL 34461

3.1 TITLE PD ☒ Change ☐ 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 AVPD ☒ Change ☐ Addition
4.2 NAME DEEM, MIKE
4.3 STREET ADDRESS P O BOX 1668
4.4 CITY-ST-ZIP HOMOSASSA, FL 34447

5.1 TITLE PED/SD ☒ Change ☐ Addition
5.2 NAME HADLEY, SUSAN
5.3 STREET ADDRESS 4093-N-LECANTO HWY
5.4 CITY-ST-ZIP BEVERLY HILLS, FLA 34465

6.1 TITLE TD ☐ Change ☐ Addition
6.2 NAME OSBORNE, JOHN
6.3 STREET ADDRESS 1655 W GULF TO LAKE HWY
6.4 CITY-ST-ZIP LECANTO FL 34461

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

1-29-99 352-746-9028