

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746849

FILED
Jan 05, 2005
Secretary of State

Entity Name: CITRUS COUNTY BUILDERS ASSOCIATION, INC.

Current Principal Place of Business:

1196 S. LECANTO HWY.
LECANTO, FL 34461

New Principal Place of Business:

Current Mailing Address:

1196 S. LECANTO HWY.
LECANTO, FL 34461

New Mailing Address:

FEI Number: 59-1896946

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUMAS, BETH
1196 S. LECANTO HWY.
LECANTO, FL 34461 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: BELL, JOE
Address: 2410 HWY 44 WEST
City-St-Zip: INVERNESS, FL 34452

Title: TD () Delete
Name: HALL, GASTON
Address: 4775 N LECANTO HWY
City-St-Zip: BEVERLY HILLS, FL 34465

Title: SD () Delete
Name: WHEELER, PEGGY
Address: P O BOX 310
City-St-Zip: INVERNESS, FL 34451

Title: D () Delete
Name: GALBRAITH, DAN
Address: P O BOX 640340
City-St-Zip: BEVERLY HILLS, FL 34464

Title: PD () Delete
Name: LIEBERMAN, RONALD
Address: P O BOX 781
City-St-Zip: CRYSTAL RIVER, FL 34423

Title: D () Delete
Name: MOBERLEY, MICHAEL
Address: 1731 SUNCOAST BLVD
City-St-Zip: HOMOSASSA, FL 34448

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: RENEAU, DARRELL
Address: 2669-3 NORTH FLORIDA AVE
City-St-Zip: HERNANDO, FL 34442

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SANDERS, CHARLES N
Address: 1940 NORTH PROSPECT AVE
City-St-Zip: LECANTO, FL 34461

Title: PD (X) Change () Addition
Name: GALBRAITH, DAN L
Address: P O BOX 640340
City-St-Zip: BEVERLY HILLS, FL 34464

Title: D (X) Change () Addition
Name: DALY, LINDA
Address: P O BOX 937
City-St-Zip: LECANTO, FL 34461

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BETH DUMAS

Electronic Signature of Signing Officer or Director

EXEC

01/05/2005

_____ Date