

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90035 039 ****61.25



DOCUMENT # N03000000981
1. Entity Name
CITRUS TOWER COMMERCIAL CENTER ASSOCIATION, INC.

Principal Place of Business Mailing Address
~~908 S. DELANEY AVENUE~~ ~~908 S. DELANEY AVENUE~~
~~ORLANDO FL 32806~~ ~~ORLANDO FL 32806~~

2. Principal Place of Business 3. Mailing Address
3333 S Orange Ave **P O Box 568821**
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 200

City & State City & State
Orlando FL **Orlando FL**

Zip Country Zip Country
32806-8500 **US** **32856-8821** **US**

4. FEI Number Applied For
20-0994393 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent
CARTER, DARYL M
908 S. DELANEY AVENUE (address chg only)
ORLANDO FL 32806

7. Name and Address of New Registered Agent
Name
Daryl M Carter
Street Address (P.O. Box Number is Not Acceptable)
3333 S Orange Ave, Suite 200
City State Zip Code
Orlando **FL** **32806-8500**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CARTER, DARYL M 908 S. DELANEY AVENUE ORLANDO FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CARTER, MAURY L 908 S. DELANEY AVENUE ORLANDO FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CHISHOLM, PATRICK L 908 S. DELANEY AVENUE ORLANDO FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3333 S Orange Ave, Suite 200 Orlando FL 32806-8500
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3333 S Orange Ave, Suite 200 Orlando FL 32806-8500
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3333 S Orange Ave, Suite 200 Orlando FL 32806-8500
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Mar 15 04** **407/422-3144**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #