

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State

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



Principal Place of Business
 3333 S ORANGE AVE.
 STE. 200
 ORLANDO, FL 32806-8500

Mailing Address
 P.O. BOX 568821
 ORLANDO, FL 32856-8821



01082008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
 20-0994393

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 CARTER, DARYL M
 3333 S ORANGE AVE.
 STE. 200
 ORLANDO, FL 32806-8500

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

**Filing Fee is \$61.25
 Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CARTER, DARYL M
STREET ADDRESS	3333 S ORANGE AVE., STE. 200
CITY-ST-ZIP	ORLANDO, FL 328068500
TITLE	D
NAME	CARTER, MAURY L
STREET ADDRESS	3333 S ORANGE AVE., STE. 200
CITY-ST-ZIP	ORLANDO, FL 328068500
TITLE	D
NAME	CHISHOLM, PATRICK L
STREET ADDRESS	3333 S ORANGE AVE., STE. 200
CITY-ST-ZIP	ORLANDO, FL 328068500
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000923227
 05/16/08-80022-008 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Daryl M Carter 03/07/2008 407 422 3144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #