

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 11, 2008
Secretary of State**

DOCUMENT# N03000003524

Entity Name: CITRUS LANDING HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 5423
PLANT CITY, FL 33563

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5423
PLANT CITY, FL 33563

New Mailing Address:

FEI Number: 04-3790682 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, TIMOTHY
105 ORANGE BUD WAY
PLANT CITY, FL 33563 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: P () Delete
Name: MOORE, TIMOTHY
Address: 105 ORANGE BUD WAY
City-St-Zip: PLANT CITY, FL 33563

Title: VP () Delete
Name: BREVIK, KEVIN
Address: 212 CITRUS LANDING
City-St-Zip: PLANT CITY, FL 33563

Title: S () Delete
Name: GRAY, BETTY
Address: 116 ORANGE BUD WAY
City-St-Zip: PLANT CITY, FL 33563

Title: T () Delete
Name: MOORE, DANA
Address: 105 ORANGE BUD WAY
City-St-Zip: PLANT CITY, FL 33563

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: MAY, JOY
Address: 1407 ORANGE MOSS CT.
City-St-Zip: PLANT CITY, FL 33563

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: TIMOTHY MOORE

P

02/11/2008

Electronic Signature of Signing Officer or Director

_____ Date