2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

IMENIT # NOSOOOORSES



FILED Apr 21, 2008 8:00 am Secretary of State

1. Entity Name CITRUS SPRINGS VILLAGE "F" HOMEOWNERS ASSOCIATION, INC.					04-21-2008 90049 017 ****61.25				
Principal Place of Business 7640 N. WICKHAM RD. #101-B MELBOURNE, FL 32940		Mailing Address C/O NIKKI MONAHAN 1000 VISTA ROYALE-BLVD. VERO BEACH, FL 32962				. 			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02052008	Chg-NP	CR2E03	7 (12/06)	
City & State		City & State			4. FEI Number 59-3790	692		_ ⊢	oplied For
Zip Country		Zip	Country		5. Certificate of	of Status Desired		\$8.75 Add	
-	6. Name and Address of Current	Registered Agent -		- '	7 Name and	Address of New	Registered A	gent	
BECKER & POLIAKOFF			Name		1112				
ATTN: KENNETH DIREKTOR/BANK OF 625 N. FLAGLER DRIVE - 7TH FLOOR		AMERICA CTR	Street A	Address (F	P.O. Box Numbe	r is Not Acceptal	ble)		
1	LM BEACH, FL 33401								
			City				FL	Zip Cod	le
	named entity submits this statement for	r the purpose of changing its re	egistered office o	r register	ed agent, or both	n, in the State of I	Florida. I am f	amiliar with,	and accept
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									1
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: f	Registerea Agent signa	ture required	when reinstating)		DATE		
SIGNATURE .	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	paign Financing	ture required	when reinstating) \$5.00 May Be Added to Fees	e Fi	DATE Make check orida Depart		
SIGNATURE .	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees	FI	Make check orlda Depart	ment of S	tate
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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 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 supplied in the information 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 attachment with an attachment with an attachment with a statute of the corporation of

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP