

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008363

FILED
Apr 16, 2009
Secretary of State

Entity Name: CITRUS SPRINGS VILLAGE "F" HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

7640 N. WICKHAM RD.
#101-B
MELBOURNE, FL 32940

New Principal Place of Business:

CALOMONDIN WAY SW
VERO BEACH, FL 32968

Current Mailing Address:

C/O NIKKI MONAHAN
1000 VISTA ROYALE BLVD.
VERO BEACH, FL 32962

New Mailing Address:

FEI Number: 59-3790692 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF
ATTN: KENNETH DIREKTOR/BANK OF AMERICA CTR
625 N. FLAGLER DRIVE - 7TH FLOOR
WEST PALM BEACH, FL 33401 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: PD () Delete
Name: LIGUORI, NICHOLAS
Address: 592 CALAMONDIN WAY SW
City-St-Zip: VERO BEACH, FL 32968

Title: DVP () Delete
Name: FAMOSO, JOHN
Address: 588 CALAMONDIN WAY SW
City-St-Zip: VERO BEACH, FL 32968

Title: DST () Delete
Name: CLUNIS, DERRICK
Address: 596 CALAMONDIN WAY SW
City-St-Zip: VERO BEACH, FL 32968

Title: D () Delete
Name: GEORGE, JOHN
Address: 4061 ROYAL PALM BEACH BLVD
City-St-Zip: WEST PALM BEACH, FL 33411

Title: D () Delete
Name: TOLLOAKSON, RICHARD
Address: 600 WESTON PKWY
City-St-Zip: WEST DES MOINES, IA 50266

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: ROSENBERG, MICHAEL
Address: 603 CALAMONDIN WAY SW
City-St-Zip: VERO BEACH, FL 32968

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: NICK LIGOURI

P

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date