

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 746849

**Entity Name:** CITRUS COUNTY BUILDERS ASSOCIATION, INC.**Current Principal Place of Business:**1196 S. LECANTO HWY.  
LECANTO, FL 34461**Current Mailing Address:**1196 S. LECANTO HWY.  
LECANTO, FL 34461**FEI Number: 59-1896946****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BIDLACK, DONNA C  
1196 S. LECANTO HWY.  
LECANTO, FL 34461 US*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**Officer/Director Detail :**

Title	AVPD
Name	LINDQUIST, KEN
Address	805 W CAVE CT
City-State-Zip:	HERNANDO FL 34442

Title	TD
Name	HALL, GASTON F III
Address	2200 W DEER TRAIL LANE
City-State-Zip:	LECANTO FL 34461

Title	SD
Name	PORTER, HARRIET
Address	8154 W PINE BLUFF ST
City-State-Zip:	CRYSTAL RIVER FL 34428

Title	PD
Name	BARDSLEY , WAYNE
Address	2185 W ALEUTS DRIVE
City-State-Zip:	BEVERLY HILLS FL 34465

Title	PED
Name	KERN, DAN
Address	8778 W JUMP CT
City-State-Zip:	HOMOSASSA FL 34448

*I hereby 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 all other like empowered.*

**SIGNATURE: HARRIETT PORTER****SECRETARY****04/08/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date