

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721736

FILED
Jan 12, 2009
Secretary of State

Entity Name: REALTORS ASSOCIATION OF CITRUS COUNTY, INC.

Current Principal Place of Business:

714 S. SCARBORO AVENUE
LECANTO, FL 34461

New Principal Place of Business:

Current Mailing Address:

714 S. SCARBORO AVENUE
LECANTO, FL 34461

New Mailing Address:

714 S. SCARBORO AVENUE
LECANTO, FL 34461

FEI Number: 59-1743091

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROSENBERGER, BONNIE J
714 S. SCARBORO AVENUE
LECANTO, FL 34461 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: V () Delete
Name: HAAG, MELONIE
Address: 730 N. SUNCOAST BLVD.
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: PP () Delete
Name: COOK, BARRY
Address: 20 W. NORVELL BRYANT HIGHWAY
City-St-Zip: HERNANDO, FL 34442

Title: D () Delete
Name: PILON, DENNIS
Address: 1675 S. SUNCOAST BLVD.
City-St-Zip: HOMOSASSA, FL 34446

Title: S () Delete
Name: ROSENBERGER, BONNIE
Address: 714 S. SCARBORO AVENUE
City-St-Zip: LECANTO, FL 34461

Title: P () Delete
Name: MCMURRAY, TOM
Address: 2008 HIGHWAY 44 WEST
City-St-Zip: INVERNESS, FL 34453

Title: D () Delete
Name: LEEANN, WARD
Address: 730 N. SUNCOAST BLVD.
City-St-Zip: CRYSTAL RIVER, FL 34429

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HAAG, MELONIE
Address: 730 N. SUNCOAST BLVD.
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: PP (X) Change () Addition
Name: MCMURRAY, TOM
Address: 699 S. ADOLPH PT.
City-St-Zip: LECANTO, FL 34461

Title: T (X) Change () Addition
Name: PILON, DENNIS
Address: 835 NE HIGHWAY 19
City-St-Zip: CRYSTAL RIVER, FL 34429

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

Title: D (X) Change () Addition
Name: SPENCER, SARAH
Address: 117 S. HIGHWAY 41
City-St-Zip: INVERNESS, FL 34450

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: BONNIE ROSENBERGER

S

01/12/2009

Electronic Signature of Signing Officer or Director

Date