2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 31, 2007 8:00 am Secretary of State

01-31-2007 90035 033 ****61.25

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1. Entity Name
CITRUS MOUNTAIN CIVIC ASSOCIATION, INCORPORATED



ncipal Place of Business

| 6725 KUMQUAT DR. NEW PORT RICHEY, FL 34653 | | 6725 KUMQUAT DR. NEW PORT RICHEY, FL 34653 US | | | | ri krist i bris terebi om b | Man elan ela | ri Bran Alan ara | 775 BI 450 |
|---|--|---|--|----------------------|--|---|--------------|--|--|
| 2. Principal F | Place of Business - No P.O. Box # | 3. Mailing Address | . Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 01172007 Chg-NP CR2E037 (12/06) | | | | |
| City & State | | City & State | | | 1 22 7254070 | | | | plied For t Applicable |
| Zip | Country | Zip | Country | 5. Certificate of St | | | | \$8.75 Additional Fee Required | |
| | 6. Name and Address of Current | Registered Agent | | | 7. Name and Ad | dress of New Re | gistered A | \gent | |
| RENKE, II | IOHNK | | Name | | | | | | |
| 7637 LITT | | | Street Address | | (P.O. Box Number is Not Acceptable) | | | | |
| | 2.36 | | | | | - | | | |
| | | | City | | | | FL | Zip Cod | e |
| 8. The above | named entity submits this statement for | r the purpose of changing its re | egistered office of | or register | ed agent, or both, in | n the State of Flori | ida. I am f | emiliar with, | and accept |
| the obligat | tions of registered agent. | | | | | | | | |
| | A. Carrier | | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent a | and tate if applicable. (NOTE: | Registered Agent signa | tture required | when renstating) | | DATE | | . |
| | | | | | | | | | |
| | Filing Fee is \$61.25 Due by May 1, 2007 | 9. Election Camp Trust Fund Co | - | | \$5.00 May Be Added to Fees | | | payable to | |
| 10. | Due by May 1, 2007 | Trust Fund Co | ntribution. | | Added to Fees | Floric | da Depart | bment of Si | ate |
| 10. | - , | Trust Fund Co | ntribution. | | | Floric | da Depart | MECTORS IN | 10 |
| 10. TITLE NAME | Due by May 1, 2007 OFFICERS AND DIE | Trust Fund Co | ntribution. | | Added to Fees | Floric | da Depart | bment of Si | ate |
| TITLE | OFFICERS AND DIF | Trust Fund Co | ntribution. | | Added to Fees | Floric | da Depart | MECTORS IN | 10 |
| TITLE NAME | OFFICERS AND DIF | Trust Fund Co | 11. TITLE | | Added to Fees | Floric | da Depart | MECTORS IN | 10 |
| TITLE NAME STREET ADDRESS | OFFICERS AND DIF | Trust Fund Co | TITLE NAME STREET ADDRESS | , A | Added to Fees | Floric | da Depart | ECTORS IN Change | 10 Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AND DIF SD CAIN, JUNE 6615 SWEETSHRUB DR NEW PORT RICHEY, FL 34653 | Trust Fund Co | TITLE NAME STREET ADDRESS CITY-ST-ZIP | , A | Added to Fees | Floric | da Depart | ECTORS IN Change | 10 Addition |
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| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | OFFICERS AND DIF SD CAIN, JUNE 6615 SWEETSHRUB DR NEW PÖRT RICHEY, FL 34653 VD FLEETWOOD, FORREST | Trust Fund Co | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | , A | Added to Fees | Floric | da Depart | ECTORS IN Change | 10 Addition |
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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 supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GMATURE AND TYPED OR PRINTED NAME OF SI

MORMAN CAIN
SOFFICER OR DIRECTOR