2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT **Secretary of State DOCUMENT #725895** 01-14-2008 90083 015 ****61.25 1. Entity Name CITRUS MOUNTAIN CIVIC ASSOCIATION, INCORPORATED Principal Place of Business Mailing Address 6725 KUMQUAT DR. 6725 KUMOUAT DR. **NEW PORT RICHEY, FL 34653 NEW PORT RICHEY, FL 34653** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country 6. Name and Address of Current Registered Agent RENKE, II JOHN K. Street Address (F 7637 LITTLE ROAD NEW PORT RICHEY, FL 34654 City 8. The above named entity submits this statement for the purpose of changing its registered office or registere the obligations of registered agent. SIGNATURE Signature, typed organited name of registered agent and little if applicable. (NOTE: Registered Agent signature required 9. Election Campaign Financing Filing Fee is \$61.25 Trust Fund Contribution. Due by May 1, 2008 OFFICERS AND DIRECTORS 10. TITLE SD Delete TITLE NAME CAIN JUNE NAME 6645 SWEETSHRUB DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **NEW PORT RICHEY, FL 34653** CITY-ST-7P TITLE ☐ Defete TITLE FREELAND, SHIRLEY NAMŁ NAME 6614 DURIAN TR STREET ADDRESS. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW PORT RICHEY, FL 34653 ☐ Delete TITLE CAIN, NORMAN NAME NAME STREET ADDRESS 6645 SWEETSHRUB DR. STREET ADDRESS NEW PORT RICHEY, FL 34653 CITY-ST-ZIP CITY-ST-7IP Delete TITLE MINCHIN, HAROLD NAME NAME STREET ADDRESS 6615 KUIN QUAT STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY FL 34653 CITY-ST-ZIP TITLE Delete TITLE LITTLE, NANCY NAME NAME STREET ADDRESS **6631 KUM QUAT** STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34653 CITY-ST-ZIP

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 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.

STREET ADDRESS

CITY-S1-ZIP

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NORMAN CAIN 1/10/08 (727) 841-0613 SIGNATURE:

FILED Jan 14, 2008 8:00 am

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