

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725895

FILED
Feb 06, 2009
Secretary of State

Entity Name: CITRUS MOUNTAIN CIVIC ASSOCIATION, INCORPORATED

Current Principal Place of Business:

6725 KUMQUAT DR.
NEW PORT RICHEY, FL 34653

New Principal Place of Business:

Current Mailing Address:

6725 KUMQUAT DR.
NEW PORT RICHEY, FL 34653 US

New Mailing Address:

FEI Number: 23-7351978

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RENKE, II JOHN K.
7637 LITTLE ROAD
NEW PORT RICHEY, FL 34654 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: SD () Delete
Name: CAIN, JUNE
Address: 6621 SWEETSHRUB DR
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: VD () Delete
Name: FREELAND, SHIRLEY
Address: 6614 DURIAN TR
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: TD () Delete
Name: CAIN, NORMAN
Address: 6621 SWEETSHRUB DR
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: PD () Delete
Name: MINCHIN, HAROLD
Address: 6615 KUIMQUAT
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: AT () Delete
Name: LITTLE, NANCY
Address: 6631 KUM QUAT
City-St-Zip: NEW PORT RICHEY, FL 34653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: WARREN, CHARLES
Address: 6624 SILVERBELL
City-St-Zip: NEW PORT RICHEY, FL 34653

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

Title: PD (X) Change () Addition
Name: MINCHIN, HAROLD
Address: 6615 KUIMQUAT
City-St-Zip: NEW PORT RICHEY, FL 34653

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: NORMAN W, CAIN

TD

02/06/2009

Electronic Signature of Signing Officer or Director

Date