

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734809

FILED
Feb 13, 2009
Secretary of State

Entity Name: CITRUS SPRINGS CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 1387
CITRUS SPRINGS, FL 34434

New Principal Place of Business:

1570 W. CITRUS SPRINGS BLVD
CITRUS SPRINGS, FL 34434

Current Mailing Address:

P.O. BOX 1387
CITRUS SPRINGS, FL 34434

New Mailing Address:

FEI Number: 59-6543328 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HERMAN, KURT
2610 W FAIRWAY LOOP
DUNNELLON, FL 34434 US

Name and Address of New Registered Agent:

NOBLITT, PAUL
504 W. BLUSTER PLACE
DUNNELLON, FL 34434 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: PAUL NOBLITT

02/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: AUSTIN, JUNE
Address: 2655 W. LAREDO DR.
City-St-Zip: CITRUS SPRINGS, FL 34434

Title: T () Delete
Name: SOLORZANO, CARLOS
Address: 8383 N. SANTOS DRIVE
City-St-Zip: CITRUS SPRINGS, FL 34434

Title: S () Delete
Name: HERMANN, KURT
Address: 2610 W. FAIRWAY LOOP
City-St-Zip: CITRUS SPRINGS, FL 34434

Title: D () Delete
Name: PARKS, JENNIE
Address: 2298 WEST TEE CIRCLE
City-St-Zip: CITRUS SPRINGS, FL 34434

Title: D () Delete
Name: BRUGGEMAN, JIM
Address: 1958 W ADELIA PL
City-St-Zip: CITRUS SPRINGS, FL 34434

Title: P () Delete
Name: FULKS, MARIE
Address: 12 W NORWOOD PL
City-St-Zip: DUNNELLON, FL 34434

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BRUNNER, MATT
Address: 8275 N. LAMONT DRIVE
City-St-Zip: CITRUS SPRINGS, FL 34433

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

Title: S (X) Change () Addition
Name: HERRMANN, JANET
Address: 2610 W. FAIRWAY LOOP
City-St-Zip: CITRUS SPRINGS, FL 34434

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

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

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: MARIE FULKS

P

02/13/2009

Electronic Signature of Signing Officer or Director

Date