

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 734809

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Entity Name:** CITRUS SPRINGS CIVIC ASSOCIATION, INC.

**Current Principal Place of Business:**

1570 W. CITRUS SPRINGS BLVD  
CITRUS SPRINGS, FL 34434

**New Principal Place of Business:**

**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:**

NOBLITT, PAUL  
504 W. BLUSTER PLACE  
DUNNELLON, FL 34434 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:** VP  
**Name:** RYAN, NANCY VP  
**Address:** 8564 N. SPARTAN DRIVE  
**City-St-Zip:** CITRUS SPRINGS, FL 34433

**Title:** TR  
**Name:** SCHEMPF, JOHN TREAS.  
**Address:** 3790 W. GERALDINE DRIVE  
**City-St-Zip:** CITRUS SPRINGS, FL 34433

**Title:** D  
**Name:** SOLORZANO, CARLOS  
**Address:** 8383 N. SANTOS  
**City-St-Zip:** CITRUS SPRINGS, FL 34434

**Title:** D  
**Name:** PARKS, JENNIE MMBRSH  
**Address:** 8564 N. SPARTAN DRIVE  
**City-St-Zip:** CITRUS SPRINGS, FL 34433

**Title:** D  
**Name:** NOBLITT, PAUL DEED R.  
**Address:** 504 W. BLUSTER PLACE  
**City-St-Zip:** CITRUS SPRINGS, FL 34434

**Title:** P  
**Name:** FULKS, MARIE PRES.  
**Address:** 12 W NORWOOD PL  
**City-St-Zip:** DUNNELLON, FL 34434

I hereby 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 all other like empowered.

**SIGNATURE:** JOHN SCHEMPF

TR

01/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date