

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743778

FILED
Apr 30, 2009
Secretary of State

Entity Name: CITRUS RIDGE VILLAGE ASSOCIATION, INC.

Current Principal Place of Business:

225 S WESTMONTE DRIVE
STE 3310
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 162147
ALTAMONTE SPRINGS, FL 327162147 US

New Mailing Address:

FEI Number: 59-1927960

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOMACK, ELLEN R
225 S WESTMONTE DRIVE
STE 3310
ALTAMONTE SPRINGS, FL 32714 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: DP () Delete
Name: STAVANA, MARY ANN
Address: 3617 N. CITRUS CIRCLE
City-St-Zip: ZELLWOOD, FL 32798

Title: DST () Delete
Name: BEST, MELVA
Address: 2137 EASTLAKE DRIVE
City-St-Zip: ZELLWOOD, FL 32798

Title: D () Delete
Name: SNYDER, LES
Address: 2009 ORANGEWOOD CIRCLE
City-St-Zip: ZELLWOOD, FL 32798

Title: DV () Delete
Name: MILLHOUSE, BILLIE
Address: 3768 GROVE CIRCLE
City-St-Zip: ZELLWOOD, FL 32798

Title: D () Delete
Name: GLYNN, JAMES
Address: 3619 S CITRUS CIRCLE
City-St-Zip: ZELLWOOD, FL 32798

Title: D () Delete
Name: HELLER, TED
Address: 2114 NECTAR CIRCLE
City-St-Zip: ZELLWOOD, FL 32798

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DT (X) Change () Addition
Name: BEST, MELVA
Address: 2137 EASTLAKE DRIVE
City-St-Zip: ZELLWOOD, FL 32798

Title: DS (X) Change () Addition
Name: SNYDER, LES
Address: 2009 ORANGEWOOD CIRCLE
City-St-Zip: ZELLWOOD, FL 32798

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

Title: D (X) Change () Addition
Name: HORSTMANN, KIT
Address: 3565 BLOSSOM CIRCLE
City-St-Zip: ZELLWOOD, FL 32798

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: MARY ANN STAVANA

DP

04/30/2009

Electronic Signature of Signing Officer or Director

Date