

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759736

FILED
May 01, 2009
Secretary of State

Entity Name: CITRUS SERTOMA CLUB, INC.

Current Principal Place of Business:

PO BOX 1718
CRYSTAL RIVER, FL 344231718 US

New Principal Place of Business:

182 PINE STREET
HOMOSASSA, FL 34446 US

Current Mailing Address:

PO BOX 1718
CRYSTAL RIVER, FL 344231718 US

New Mailing Address:

FEI Number: 59-2449201 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TRUMBAVER, DAVID
182 PINE STREET
HOMOSASSA SPRINGS, FL 34447 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: D () Delete
Name: NOTTAGE, KENT
Address: 7041 WEST SEVEN RIVERS DR
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: VD () Delete
Name: BARD, J J SR
Address: 1230 SE KINGS BAY DR
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: P () Delete
Name: GREEN, DAVID
Address: 9030 W. FT. ISLAND TRIAL #5
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: SD () Delete
Name: TRUMBAUER, DAVID
Address: 192 PINE ST
City-St-Zip: HOMOSASSA, FL 34446

Title: T () Delete
Name: CLARK, TERRI
Address: 5388 E. ARTHUR STREET
City-St-Zip: INVERNESS, FL 34452

Title: VD () Delete
Name: TAMBASCO, MAUREEN
Address: 5888 S BENNETT PT.
City-St-Zip: HOMOSASSA, FL 34446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: P (X) Change () Addition
Name: TAMBASCO, BRIAN
Address: 6960 S STRAIGHT AVE
City-St-Zip: HOMOSASSA, FL 34446

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: TERRI L CLARK

T

05/01/2009

Electronic Signature of Signing Officer or Director

Date