2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2009
Secretary of State

DOCUMENT# 769299

Entity Name: BAYMEADOWS HOMEOWNERS' ASSOCIATION OF CITRUS COUNTY, INC.

Current Principal Place of Business:

9441 E BAYMEADOWS DR
INVERNESS, FL 34450

New Principal Place of Business:

Current Mailing Address:

9441 E BAYMEADOWS DR
INVERNESS, FL 34450

New Mailing Address:

FEI Number: 59-3020161 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

METCALFE, SUSAN J
E BAY MEADOWS DR
9426
INVERNESS, FL 34450 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: PD ( ) Delete
Name: GOODRICH, WILLIAM
Address: 9441 E BAY MEADOWS DR
City-St-Zip: INVERNESS, FL 34450

Title: VPD ( ) Delete
Name: BRASHEAR, ROBERT
Address: 9797 E BAYMEADOWS DR
City-St-Zip: INVERNESS, FL 34450

Title: SD ( ) Delete
Name: METCALFE, SUSAN J
Address: 9426 E. BAYMEADOWS DRIVE
City-St-Zip: INVERNESS, FL 34450

Title: TD ( ) Delete
Name: STATEN, EDWARD
Address: 9460 E BAYMEADOWS DR
City-St-Zip: INVERNESS, FL 34450

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change ( ) Addition
Name: STATEN, EDWARD
Address: 9460 E BAYMEADOWS DR
City-St-Zip: INVERNESS, FL 34450

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

Title: TD (X) Change ( ) Addition
Name: JOHNS, JOHN M
Address: 9871 E TRYON CT
City-St-Zip: INVERNESS, FL 34450

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: SUSAN J. METCALFE SD 02/17/2009

Electronic Signature of Signing Officer or Director — Date