

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2006 08:00 AM
Secretary of State

DOCUMENT # G07090

1. Entity Name
CITRUS HILLS GOLF AND COUNTRY CLUB, INC.



Principal Place of Business
**2476 N ESSEX AVE
HERNANDO, FL 34442 US**

Mailing Address
**2476 N ESSEX AVE
HERNANDO, FL 34442 US**

DO NOT WRITE IN THIS SPACE



03182006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2390141

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ABEL, ERIC D. GENERAL COUNSEL
2476 N ESSEX AVE
HERNANDO, FL 34442**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **TAMPOS, SAMUEL A JR**
STREET ADDRESS **20 TRAFALGAR SQ STE 602**
CITY-ST-ZIP **NASHUA, NH**

TITLE **D**
NAME **NASH, GERALD Q.**
STREET ADDRESS **40 TEMPLE STREET**
CITY-ST-ZIP **NASHUA, NH**

TITLE **PO**
NAME **TAMPOS, STEPHEN A**
STREET ADDRESS **2476 N ESSEX AVE**
CITY-ST-ZIP **HERNANDO, FL 34442**

TITLE **T**
NAME **PASTOR, JOHN E**
STREET ADDRESS **2476 N ESSEX AVE**
CITY-ST-ZIP **HERNANDO, FL 34442**

TITLE **S**
NAME **ABEL, ERIC D**
STREET ADDRESS **2476 N ESSEX AVE**
CITY-ST-ZIP **HERNANDO, FL 34442**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000490969
04/19/06-80003-016 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN A TAMPOS

3/30/06

352-746-6060

Date

Daytime Phone #