

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90128 049 ****61.25

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1. Entity Name

CASABLANCA OF CITRUS PARK HOMEOWNERS
ASSOCIATION, INC.



Principal Place of Business

Mailing Address

STERLING MANAGEMENT
2880 SCHERER DR STE 840
SAINT PETERSBURG FL 33716
US

STERLING MANAGEMENT, INC.
2880 SCHERER DRIVE #840
ST. PETERSBURG FL 33716



2. Principal Place of Business

3. Mailing Address

~~Sterling Management Services~~
2870 Scherer Drive N., Suite 100
City & State St. Petersburg, FL 33716

~~Sterling Management Services~~
2870 Scherer Drive N., Suite 100
City & State St. Petersburg, FL 33716

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3716817

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COTTERHILL, RONALD
~~400 N TAMPA ST~~
~~STE 2625~~
TAMPA FL 33602

Name

Street Address (P.O. Box Number is Not Acceptable)

1010 N. FLORIDA AVE.

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE V ☐ Delete
NAME STANLEY, JACK
STREET ADDRESS 11025 BLAINE TOP PLACE
CITY-ST-ZIP TAMPA FL 33626

TITLE S ☐ Change ☒ Addition
NAME PATRICIA Rios
STREET ADDRESS 8919 CASABLANCA WAY
CITY-ST-ZIP TAMPA, FL 33626

TITLE P ☐ Delete
NAME AMRHEIN, JAMES
STREET ADDRESS 11007 BLAINE TOP PLACE
CITY-ST-ZIP TAMPA FL 33626

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME ROBBERTSON, TOM
STREET ADDRESS 11002 BLAIN TOP PL
CITY-ST-ZIP TAMPA FL 33626

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME TORRES, ED
STREET ADDRESS 11016 BLAINE TOP PL
CITY-ST-ZIP TAMPA FL 33626

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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:

James Amrhein President

3/13/6

813-926-9826