


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2008 8:00 am
Secretary of State

07-15-2008 90063 008 ****61.25

DOCUMENT # N01000002632					
1. Entity Name CASABLANCA OF CITRUS PARK HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business STERLING MANAGEMENT 2870 SCHERER DR N STE 100 SAINT PETERSBURG, FL 33716 US			Mailing Address STERLING MANAGEMENT 2870 SCHERER DR N STE 100 SAINT PETERSBURG, FL 33716 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3716817	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COTTERHILL, RONALD 1010 N FLORIDA AVE STE 2625 TAMPA, FL 33602			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE VP NAME TONEY, SHERRI STREET ADDRESS 11028 BLAINE TOP CITY - ST - ZIP TAMPA, FL 33626	<input type="checkbox"/> Delete				
TITLE P NAME AMRHEIN, JAMES STREET ADDRESS 11007 BLAINE TOP PLACE CITY - ST - ZIP TAMPA, FL 33626	<input type="checkbox"/> Delete				
TITLE T NAME BURG, GARY STREET ADDRESS 11112 BLAINE TOP CITY - ST - ZIP TAMPA, FL 33626	<input checked="" type="checkbox"/> Delete				
TITLE D NAME RUE, JAMES STREET ADDRESS 11018 BLAINE TOP CITY - ST - ZIP TAMPA, FL 33626	<input type="checkbox"/> Delete				
TITLE S NAME RIOS, PATRICIA STREET ADDRESS 8919 CASABLANCA WAY CITY - ST - ZIP TAMPA, FL 33626	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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 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: _____ 7/10/08 815-227-0577					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					