2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002632

FILED Mar 16, 2009 Secretary of State

Entity Name: CASABLANCA OF CITRUS PARK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

STERLING MANAGEMENT
2870 SCHERER DR N STE 100
SAINT PETERSBURG, FL 33716 US
16105 N. FLORIDA
A
LUTZ, FL 33549

Current Mailing Address: New Mailing Address:

STERLING MANAGEMENT %WISE PROPERTY MANAGEMENT, INC. 2870 SCHERER DR N STE 100 16105 N. FLORIDA AVE #A SAINT PETERSBURG, FL 33716 US LUTZ, FL 33549 US

FEI Number: 59-3716817 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

COTTERHILL, RONALD 1010 N FLORIDA AVE STE 2625 TAMPA, FL 33602 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP () Delete Title: VP (X) Change () Addition Name: TONEY, SHERRI Name: TONEY, SHERRI

Address: 11028 BLAINE TOP Address: 16105 N. FLORIDA #A
City-St-Zip: TAMPA, FL 33626 City-St-Zip: LUTZ, FL 33549

Title: P () Delete Title: P (X) Change () Addition Name: AMRHEIN, JAMES Name: AMRHEIN, JAMES

 Name:
 AMRHEIN, JAMES
 Name:
 AMRHEIN, JAMES

 Address:
 11007 BLAINE TOP PLACE
 Address:
 16105 N. FLORIDA #A

 City-St-Zip:
 TAMPA, FL 33626
 City-St-Zip:
 LUTZ, FL 33549

Title: D () Delete Title: D (X) Change () Addition

 Name:
 RUE, JAMES
 Name:
 RUE, JAMES

 Address:
 11018 BLAINE TOP
 Address:
 16105 N. FLORIDA #A

 City-St-Zip:
 TAMPA, FL 33626
 City-St-Zip:
 LUTZ, FL 33549

 $\label{eq:title: S () Delete Title: TD (X) Change () Addition} \end{minipage}$

 Name:
 RIOS, PATRICIA
 Name:
 CRALL, PATRICIA

 Address:
 8919 CASABLANCA WAY
 Address:
 16105 N. FLORIDA #A

 City-St-Zip:
 TAMPA, FL 33626
 City-St-Zip:
 LUTZ, FL 33549

Title: () Delete Title: SD () Change (X) Addition

 Name:
 Name:
 STANLEY, ANNETTE

 Address:
 Address:
 16105 N. FLORIDA #A

 City-St-Zip:
 City-St-Zip:
 LUTZ, FL 33549

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: JAMES AMRHEIN PRES 03/16/2009