

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 27 PM 3:24

DOCUMENT # N02000001712

1. Entity Name
SHOPPES OF CITRUS PARK ASSOCIATION, INC.



Principal Place of Business
C/O THE SEMBLER COMPANY
5858 CENTRAL AVE.
SAINT PETERSBURG, FL 33707

Mailing Address
C/O THE SEMBLER COMPANY
5858 CENTRAL AVE.
SAINT PETERSBURG, FL 33707



04052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
47-0858725

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SHER, CRAIG
C/O THE SEMBLER COMPANY
5858 CENTRAL AVE.
SAINT PETERSBURG, FL 33707

**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 reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CLIFTON, GUY S 2830 CAHABA ROAD BIRMINGHAM, AL 35223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT GARRISON, SIMS 2830 CAHABA ROAD BIRMINGHAM, AL 35223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEERSON, LEE 2830 CAHABA ROAD BIRMINGHAM, AL 35223
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05/10/06--01006--015 **70.00

**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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with a address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Craig Sher

4-10-06

Date

727-384-6000

Daytime Phone #