

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001712

FILED  
Apr 22, 2009  
Secretary of State

**Entity Name:** SHOPPES OF CITRUS PARK ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 47-0858725

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SEMBLER, GREGORY S  
5858 CENTRAL AVE.  
SAINT PETERSBURG, FL 33707 US

**Name and Address of New Registered Agent:**

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:**

Title: DP ( ) Delete  
Name: CLIFTON, GUY S  
Address: 2830 CAHABA ROAD  
City-St-Zip: BIRMINGHAM, AL 35223

Title: DVT ( ) Delete  
Name: GARRISON, SIMS  
Address: 2830 CAHABA ROAD  
City-St-Zip: BIRMINGHAM, AL 35223

Title: D ( ) Delete  
Name: PEERSON, LEE  
Address: 2830 CAHABA ROAD  
City-St-Zip: BIRMINGHAM, AL 35223

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GUY S CLIFTON

MBR

04/22/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date