2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# N02000002285

Entity Name: CITRUS GREEN II OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

11902 RACE TRACK ROAD
TAMPA, FL 33626

New Principal Place of Business:

1799 NORTH BELCHER ROAD
SUTE B
CLEARWATER, FL 33765

Current Mailing Address:

11902 RACE TRACK ROAD
TAMPA, FL 33626

New Mailing Address:

P.O. BOX 14357
CLEARWATER, FL 33766

FEI Number: 57-1161759 **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:

AMERI-TECH REALTY, INC.
1799-B NORTH BELCHER ROAD
SUITE B
CLEARWATER, FL 33765 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: MICHAEL G PEREZ, PRESDIENT 01/09/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MATTSON, RICK
Address: 11512 TROTTING DOWN DRIVE
City-St-Zip: ODESSSA, FL 33556

Title: DT ( ) Delete
Name: SCARDINO, MARK
Address: 11446 TROTTING DOWN DR.
City-St-Zip: ODESSA, FL 33556

Title: DP ( ) Delete
Name: LEAVENGOOD, JENNIFER
Address: 745 HARBOR ISLAND
City-St-Zip: CLEARWATER, FL 33767

Title: DS ( ) Delete
Name: DUFFY, PHIL
Address: 11519 TROTTING DOWN DR.
City-St-Zip: ODESSA, FL 33556

Title: DVP ( ) Delete
Name: DOHERTY, KAREN
Address: 11502 TROTTING DOWN DR.
City-St-Zip: ODESSA, FL 33556

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:

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: JENNIFER LEAVENGOOD DP 01/09/2009
Electronic Signature of Signing Officer or Director Date