

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003253

FILED
May 29, 2009
Secretary of State

Entity Name: THE CITRUS SQUARE APARTMENTS RESIDENT ASSOCIATION INCORPORATED

Current Principal Place of Business:

5625 HICKEY DR
ORLANDO, FL 32822

New Principal Place of Business:

Current Mailing Address:

5625 HICKEY DR
ORLANDO, FL 32822

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SMITH, VERGIE
5625 HICKEY DR
ORLANDO, FL 32822 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: P () Delete
Name: SMITH, VERGIE
Address: 4160 JOHNS CT
City-St-Zip: ORLANDO, FL 32822

Title: V () Delete
Name: TOLAR, JOHNNIE
Address: 5618 HICKEY DR
City-St-Zip: ORLANDO, FL 32822

Title: S (X) Delete
Name: O'NEILL, MIRIAM
Address: 4189 LILLIAN CT
City-St-Zip: ORLANDO, FL 32822

Title: T (X) Delete
Name: OSORNO, NEILY
Address: 5657 MERRITT CT
City-St-Zip: ORLANDO, FL 32822

Title: T (X) Delete
Name: ROBINSON, JACQUELINE
Address: 4199 LILLIAN CT
City-St-Zip: ORLANDO, FL 32822

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: O'NEILL, MIRIAM
Address: 4189 LILLIAN COURT
City-St-Zip: ORLANDO, FL 32822

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: VERGIE SMITH

P

05/29/2009

Electronic Signature of Signing Officer or Director

Date