

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90083 026 \*\*\*\*70.00

<b>DOCUMENT # N02000008961</b> 1. Entity Name <b>CITRUS PARK COUMMUNITY CIVIC ASSOCIATION INC.</b>					
Principal Place of Business <b>12817 EASY ST TAMPA FL 33625</b>		Mailing Address <b>12817 EASY ST TAMPA FL 33625</b>			
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3660298</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BINDER, HENRY J 17702 SIMMS ST ODESSA FL 33556-4750</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CARSON, JEAN</b> <b>12817 EASY ST</b> <b>TAMPA FL 33625</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CREWS, BETTY</b> <b>14813 Berkford Ave</b> <b>Tampa FL 33625</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FLYNN, LARRY</b> <b>506 CHANCELLAR DR</b> <b>LUTZ FL 33548</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CREWS, WILMER</b> <b>14813 Berkford Ave</b> <b>Tampa FL 33625</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BINDER, HENRY J</b> <b>17702 SIMMS ROAD</b> <b>ODESSA FL 33556-4750</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>HILTZ, JANET</b> <b>10902 Honeyhill Dr</b> <b>Tampa FL 33625</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PULLEY, CHERYL</b> <b>7406 Alvin St</b> <b>Tampa FL 33625</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Adams, CHARLES</b> <b>6523 Yellowhammer Ave</b> <b>Tampa FL 33625-1549</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an address, with all other like empowered.					
<b>Henry J. Binder, Director</b>					
<b>SIGNATURE</b>			<b>3/31/04</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		



MOORE CR2E037 (11/03)

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