


2007 **NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90053 010 ****70.00

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1. Entity Name
CITRUS PARK COUMMUNITY CIVIC ASSOCIATION INC.



Principal Place of Business --- Mailing Address

c/o Henry J. Binder, Director
1010 American Eagle Blvd
Apt #526, Sun City Center, FL 33573-5273

2. Principal Place of Business
10902 Honeyhill Dr

3. Mailing Address
1010 AmericanEagleBlvd

Suite, Apt. #, etc.
Apt # 526

City & State
Tampa, FL

City & State
Sun City Center, FL


Zip
33626

Country
USA

Zip
33573-5273

Country
USA

40116991



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent

BINDER, HENRY J Apt. # 526
17702 SIMMS ST - 1010 American Eagle Blvd
ODESSA FL 33556-4750
Sun City Center, FL 33573-5273

4. FEI Number
59-3660298

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P	NAME CARSON, JEAN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 12817 EASY ST	CITY - ST - ZIP TAMPA FL 33625	
TITLE D	NAME FLYNN, LARRY	<input type="checkbox"/> Delete
STREET ADDRESS 506 CHANCELLAR DR	CITY - ST - ZIP LUTZ FL 33548	
TITLE D	NAME BINDER, HENRY J	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 17702 SIMMS ROAD	CITY - ST - ZIP ODESSA FL 33556-4750	
TITLE VP	NAME HILTZ, JANET	<input type="checkbox"/> Delete
STREET ADDRESS 10902 Honeyhill Dr	CITY - ST - ZIP Tampa FL 33626	
TITLE P	NAME PULLEY, CHERYL	<input type="checkbox"/> Delete
STREET ADDRESS 7406 Alvina St	CITY - ST - ZIP Tampa FL 33625	
TITLE S	NAME Adams, CHARLES	<input type="checkbox"/> Delete
STREET ADDRESS 6523 Yellowhammer Ave	CITY - ST - ZIP Tampa FL 33625-1549	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D	NAME CREWS, BETTY (**)	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 14813 Berkford Ave	CITY - ST - ZIP Tampa FL 33625	(Deceased)
TITLE D	NAME CREWS, WILMER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 14813 Berkford Ave	CITY - ST - ZIP Tampa FL 33625	
TITLE D	NAME Binder, Henry J	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1010 American Eagle Blvd. Apt # 526	CITY - ST - ZIP Sun City Center, FL 33573-5273	
TITLE D	NAME Crews, Betty (**)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 14813 Berkford Ave	CITY - ST - ZIP Tampa, FL 33625	Delete (Deceased)
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE Henry J. Binder, Director DATE 4/12/07 DAYTIME PHONE # 813 634-3566