2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 12, 2008 8:00 am
Secretary of State
05-12-2008 90029 014 ****70.00

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CITRUS PARK COUMMUNITY CIVIC ASSOCIATION INC.

Principal Place of Business:
C/O HENRY J. BINDER
1010 AMERICAN EAGLE BLVD. APT #526
SUN CITY CENTER FL 33573-5273

Mailing Address:
C/O HENRY J. BINDER
1010 AMERICAN EAGLE BLVD. APT #526
SUN CITY CENTER FL 33573-5273

2. Principal Place of Business - No P.O. Box #
Suite, Apt #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt #, etc.
City & State
Zip | Country

4U100837

1st MOORE CR2E037 (10/07)

4. FEI Number: 59-3660298

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BINDER, HENRY J
~~17702 SIMMS ST~~ Apt. 526
~~ODESSA FL 33556-4750~~ 1010AmericanEagleBlvd
Sun City Center, FL 33753-5273

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 ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	CREWS, WILMER	14813 BERKFORD AVE.	TAMPA FL 33625	☐
D	FLYNN, LARRY	506 CHANCELLAR DR	LUTZ FL 33548	☐
D	~~BINDER, HENRY J~~	~~1010 AMERICAN EAGLE BLVD. APT #526~~	~~SUN CITY CENTER FL 33573~~	☒
VP	HILTZ, JANET	10902 HONEYHILL DR	TAMPA FL 33626	☐
T	PULLEY, CHERYL	7406 ALVINA ST	TAMPA FL 33625	☐
S.	ADAMS, CHARLES	6523 YELLOWHAMMER AVE	TAMPA FL 33625	☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

SIGNATURE: Charles G. Adams, Secretary