


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000000981		
1. Entity Name CITRUS TOWER COMMERCIAL CENTER ASSOCIATION, INC.		
Principal Place of Business 3333 S ORANGE AVE. STE. 200 ORLANDO, FL 32806-8500	Mailing Address P.O. BOX 568821 ORLANDO, FL 32856-8821	



01082008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0994393	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent

CARTER, DARYL M
3333 S ORANGE AVE.
STE. 200
ORLANDO, FL 32806-8500

**DO NOT WRITE
IN THIS SPACE**

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) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CARTER, DARYL M
STREET ADDRESS	3333 S ORANGE AVE., STE. 200
CITY-ST-ZIP	ORLANDO, FL 328068500
TITLE	D
NAME	CARTER, MAURY L
STREET ADDRESS	3333 S ORANGE AVE., STE. 200
CITY-ST-ZIP	ORLANDO, FL 328068500
TITLE	D
NAME	CHISHOLM, PATRICK L
STREET ADDRESS	3333 S ORANGE AVE., STE. 200
CITY-ST-ZIP	ORLANDO, FL 328068500
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000923227
05/16/08-80022-008 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **Daryl M Carter** 03/07/2008 407 422 3144