

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010410

FILED
Apr 21, 2007
Secretary of State

Entity Name: CITRUS TOWER MEDICAL CENTER MASTER OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

349 NORTH US HWY 27
CLERMONT, FL 34714

New Principal Place of Business:

349 NORTH HWY 27
CLERMONT, FL 34711

Current Mailing Address:

349 NORTH US HWY 27
CLERMONT, FL 34714

New Mailing Address:

349 NORTH HWY 27
CLERMONT, FL 34711

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLYN, DAVID L
349 NORTH US HWY 27
CLERMONT, FL 34714 US

Name and Address of New Registered Agent:

ALLYN, DAVID L
349 NORTH HWY 27
CLERMONT, FL 34711 US

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: _____

04/21/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ALLYN, DAVID L
Address: 349 NORTH US HWY 27
City-St-Zip: CLERMONT, FL 34714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ALLYN, DAVID L
Address: 349 NORTH HWY 27
City-St-Zip: CLERMONT, FL 34711

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID L ALLYN

DP

04/21/2007

Electronic Signature of Signing Officer or Director

Date