

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90416 024 ****61.25

DOCUMENT # N04000000088

1. Entity Name
CITRUS RIDGE ACTIVITIES, INC.



Principal Place of Business
**214 CITRUS RIDGE DR
DAVENPORT, FL 33837**

Mailing Address
**214 CITRUS RIDGE DR
DAVENPORT, FL 33837**

00013003



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02272006 Chg-NP CR2E037 (11/05)

4. FEI Number
80-0062057

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEHNART, EDITH J
214 CITRUS RIDGE DR
DAVENPORT, FL 33837**

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 Edith J. Dehnart - D

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/13/06
DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME NIEMANN, DOROTHY M ☒ Delete
STREET ADDRESS 351 CITRUS RIDGE DR
CITY-ST-ZIP DAVENPORT, FL 33837

TITLE PD
NAME CHADSEY, JOAN W. ☒ Change ☐ Addition
STREET ADDRESS 26 CITRUS RIDGE DR
CITY-ST-ZIP DAVENPORT, FL 33837

TITLE TD
NAME LUTZ, EULA J ☐ Delete
STREET ADDRESS 186 CITRUS RIDGE DR
CITY-ST-ZIP DAVENPORT, FL 33837

TITLE TD
NAME LUTZ, EULA J. ☐ Change ☐ Addition
STREET ADDRESS 186 CITRUS RIDGE DR.
CITY-ST-ZIP DAVENPORT, FL 33837

TITLE SD
NAME ANDERSON, BARBARA S ☒ Delete
STREET ADDRESS 126 CITRUS RIDGE DR
CITY-ST-ZIP DAVENPORT, FL 33837

TITLE SD
NAME ROSS, LUCRETIA A. ☐ Change ☒ Addition
STREET ADDRESS 411 CITRUS RIDGE DR.
CITY-ST-ZIP DAVENPORT, FL 33837

TITLE D
NAME CHADSEY, JOAN W ☐ Delete
STREET ADDRESS 26 CITRUS RIDGE DR
CITY-ST-ZIP DAVENPORT, FL 33837

TITLE D.
NAME BOWIE, SANDRA L. ☐ Change ☒ Addition
STREET ADDRESS 386 CITRUS RIDGE DR.
CITY-ST-ZIP DAVENPORT, FL 33837

TITLE D
NAME DEHNART, EDITH J ☐ Delete
STREET ADDRESS 202 CITRUS RIDGE DR
CITY-ST-ZIP DAVENPORT, FL 33837

TITLE D
NAME DEHNART, EDITH J. ☐ Change ☐ Addition
STREET ADDRESS 202 CITRUS RIDGE DR
CITY-ST-ZIP DAVENPORT, FL 33837

TITLE D
NAME WILLIAMS, MARILYN ☒ Delete
STREET ADDRESS 454 CITRUS RIDGE DR
CITY-ST-ZIP BARTOW, FL 33831

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Eula Jane Lutz / Eula Jane Lutz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/06 863-424-2545
Date Daytime Phone #