

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90051 003 \*\*\*\*61.25

<b>DOCUMENT # N04000000088</b> 1. Entity Name <b>CITRUS RIDGE ACTIVITIES, INC.</b>					
Principal Place of Business <b>214 CITRUS RIDGE DR DAVENPORT, FL 33837</b>			Mailing Address <b>214 CITRUS RIDGE DR DAVENPORT, FL 33837</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>80-0062057</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>DEHNART, EDITH J 214 CITRUS RIDGE DR DAVENPORT, FL 33837</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CHADSEY, JOAN W</b>		NAME	<b>Heikkinen, J. Norman</b>	
STREET ADDRESS	<b>26 CITRUS RDIGE DR</b>		STREET ADDRESS	<b>180 Citrus Ridge Drive</b>	
CITY-ST-ZIP	<b>DAVENPORT, FL 33837</b>		CITY-ST-ZIP	<b>Davenport, FL 33837</b>	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEHNART, EDITH J</b>		NAME	<b>Liddell, Gladys</b>	
STREET ADDRESS	<b>202 LITRUS RIDGE DR</b>		STREET ADDRESS	<b>117 Citrus Ridge Drive</b>	
CITY-ST-ZIP	<b>DAVENPORT, FL 33837</b>		CITY-ST-ZIP	<b>Davenport, FL 33837</b>	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSS, LUCRETIA A</b>		NAME	<b>Ross, Lucretia A.</b>	
STREET ADDRESS	<b>411 CITRUS RIDGE DR</b>		STREET ADDRESS	<b>411 Citrus Ridge Drive</b>	
CITY-ST-ZIP	<b>DAVENPORT, FL 33837</b>		CITY-ST-ZIP	<b>Davenport, FL 33837</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOWIE, SANDRA</b>		NAME	<b>Bowie, Sandy</b>	
STREET ADDRESS	<b>386 CITRUSRIDGE DR.</b>		STREET ADDRESS	<b>386 Citrus Ridge Drive</b>	
CITY-ST-ZIP	<b>DAVENPORT, FL 33837</b>		CITY-ST-ZIP	<b>Davenport, FL 33837</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LUTZ, EULA J</b>		NAME	<b>Dehnart, Edyth J.</b>	
STREET ADDRESS	<b>186 CITRUSRIDGE DR</b>		STREET ADDRESS	<b>202 Citrus Ridge Drive</b>	
CITY-ST-ZIP	<b>DAVENPORT, FL 33837</b>		CITY-ST-ZIP	<b>Davenport, FL 33837</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
<b>SIGNATURE:</b> <i>Gladys M. Liddell</i>			Date: <b>4/5/08</b> Daytime Phone #: <b>863-424-9598</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					