

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000088

FILED
Mar 30, 2009
Secretary of State

Entity Name: CITRUS RIDGE ACTIVITIES, INC.

Current Principal Place of Business:

214 CITRUS RIDGE DR
DAVENPORT, FL 33837

New Principal Place of Business:

Current Mailing Address:

214 CITRUS RIDGE DR
DAVENPORT, FL 33837

New Mailing Address:

FEI Number: 80-0062057

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NORMAN, HEIKKINEN J
Address: 180 CITRUS RIDGE DRIVE
City-St-Zip: DAVENPORT, FL 33837

Title: TD () Delete
Name: LINDDELL, GLADYS
Address: 117 CITRUS RIDGE DRIVE
City-St-Zip: DAVENPORT, FL 33837

Title: SD () Delete
Name: ROSS, LUCRETIA A
Address: 411 CITRUS RIDGE DR
City-St-Zip: DAVENPORT, FL 33837

Title: D () Delete
Name: BOWIE, SANDRA
Address: 386 CITRUSRIDGE DR.
City-St-Zip: DAVENPORT, FL 33837

Title: D (X) Delete
Name: DEHNART, EDYTH J
Address: 202 CITRUS RIDGE DRIVE
City-St-Zip: DAVENPORT, FL 33837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BOWIE, SANDY
Address: 386 CITRUS RIDGE DRIVE
City-St-Zip: DAVENPORT, FL 33837

Title: VP (X) Change () Addition
Name: MARSTON, RON
Address: 74 CITRUS RIDGE DRIVE
City-St-Zip: DAVENPORT, FL 33837

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TREA (X) Change () Addition
Name: HEIKKINEN, JOHN N
Address: 180 CITRUS RIDGE DRIVE
City-St-Zip: DAVENPORT, FL 33837

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SANDY BOWIE

PRES

03/30/2009

Electronic Signature of Signing Officer or Director

Date