

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2007 8:00 am
Secretary of State

05-24-2007 90004 046 ****61.25

DOCUMENT # N04000002362

1. Entity Name
CITRUS PARK LACROSSE INC.



Principal Place of Business
**4409 ANITA BLVD. WEST
TAMPA, FL 33611**

Mailing Address
**4409 ANITA BLVD. WEST
TAMPA, FL 33611**

40118303



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

05172007 Chg-NP CR2E037 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
22-3903114

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**MARTIN, BRYAN E
4409 ANITA BLVD. WEST
TAMPA, FL 33611**

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

5-15-07

DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	MARTIN, BRYAN	
STREET ADDRESS	4409 ANITA BLVD. WEST	
CITY-ST-ZIP	TAMPA, FL 33611	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTIN, PAM	
STREET ADDRESS	4409 W. ANITA BLVD. WEST	
CITY-ST-ZIP	TAMPA, FL 33611	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARRISON, JOHN	
STREET ADDRESS	4409 ANITA BLVD. WEST	
CITY-ST-ZIP	TAMPA, FL 33611	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATT NEWMAN	
STREET ADDRESS	7009 HOLLYWELL DR.	
CITY-ST-ZIP	TAMPA, FL 33634	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-15-07

Date

Daytime Phone #