

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005217

FILED
Feb 16, 2009
Secretary of State

Entity Name: CITRUS FALLS COMMONS VILLAS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O ERNEST L. MASCARA
721 FIRST AVENUE NORTH
ST PETERSBURG, FL 33701 US

Current Mailing Address:

C/O ERNEST L. MASCARA
PO BOX 266
ST PETERSBURG, FL 33731 US

New Principal Place of Business:

C/O CAROL NOVAK
1581 GULF BLVD., # 702
CLEARWATER, FL 33767 US

New Mailing Address:

C/O CAROL NOVAK
1581 GULF BLVD., # 702
CLEARWATER, FL 33767 US

FEI Number: 20-3224784 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MASCARA, ERNEST L
721 FIRST AVENUE NORTH
ST PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

NOVAK, CAROL
1581 GULF BLVD.
702
CLEARWATER, FL 33767 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: CAROL NOVAK

02/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: NOVAK, MICHAEL T JR.
Address: PO BOX 266
City-St-Zip: ST PETERSBURG, FL 33731 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MICHAEL T. NOVAK, JR.

PVST

02/16/2009

Electronic Signature of Signing Officer or Director

Date