

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007979

FILED
Apr 14, 2009
Secretary of State

Entity Name: CITATION WAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

9845 WESTVIEW DR.
CORAL SPRINGS, FL 33076

New Principal Place of Business:

9845 WESTVIEW DR.
CORAL SPRINGS, FL 33076 US

Current Mailing Address:

9845 WESTVIEW DR.
CORAL SPRINGS, FL 33076

New Mailing Address:

9845 WESTVIEW DRIVE
CORAL SPRINGS, FL 33076 US

FEI Number: 20-3729254

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKRLD, INC.
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES, FL 33134 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: TD () Delete
Name: GLORDANO, JOAN
Address: 9845 WESTVIEW DR.
City-St-Zip: POMPANO BEACH, FL 33076

Title: PD () Delete
Name: SIMPSON, KIMBERLY
Address: 9845 WESTVIEW DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: SD () Delete
Name: WILSON, DELROY
Address: 9845 WESTVIEW DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: D () Delete
Name: WINNINGER, FRANK
Address: 9845 WESTVIEW DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: VP (X) Delete
Name: ROSENBERG, RON
Address: 9845 WESTVIEW DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: GLORDANO, JOAN
Address: 9845 WESTVIEW DR.
City-St-Zip: CORAL SPRINGS, FL 33076 US

Title: PD (X) Change () Addition
Name: SIMPSON, KIMBERLY
Address: 9845 WESTVIEW DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076 US

Title: SD (X) Change () Addition
Name: WILSON, DELROY
Address: 9845 WESTVIEW DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076 US

Title: TD (X) Change () Addition
Name: ROSENBERG, RON
Address: 9845 WESTVIEW DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076 US

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: KIMBERLY SIMPSON

PD

04/14/2009

Electronic Signature of Signing Officer or Director

Date