

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012191

FILED
Mar 11, 2009
Secretary of State

Entity Name: CITRUS SPRINGS VILLAGE "G" HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1910 82ND AVENUE
SUITE 205
VERO BEACH, FL 32966

New Principal Place of Business:

1910 82ND AVENUE
SUITE 206
VERO BEACH, FL 32966

Current Mailing Address:

1910 82ND AVENUE
SUITE 205
VERO BEACH, FL 32966

New Mailing Address:

1910 82ND AVENUE
SUITE 206
VERO BEACH, FL 32966

FEI Number: 42-1700227

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, BRIAN F
1910 82ND AVENUE
SUITE 205
VERO BEACH, FL 32966 US

Name and Address of New Registered Agent:

ADAMS, BRIAN F
1910 82ND AVENUE
SUITE 206
VERO BEACH, FL 32966 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: BRIAN ADAMS

03/11/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ADAMS, BRIAN F
Address: 1910 82ND AVENUE, SUITE 205
City-St-Zip: VERO BEACH, FL 32966

Title: D () Delete
Name: ADAMS, JAMES R
Address: 1910 82ND AVENUE, SUITE 205
City-St-Zip: VERO BEACH, FL 32966

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ADAMS, BRIAN F
Address: 1910 82ND AVENUE, SUITE 206
City-St-Zip: VERO BEACH, FL 32966

Title: D (X) Change () Addition
Name: ADAMS, JAMES R
Address: 1910 82ND AVENUE, SUITE 206
City-St-Zip: VERO BEACH, FL 32966

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: BRIAN ADAMS

D

03/11/2009

Electronic Signature of Signing Officer or Director

Date