

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90199 036 \*\*\*\*61.25

<b>DOCUMENT # N06000003020</b> 1. Entity Name <b>CITRUS SPRINGS VILLAGE "E" HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>7640 N WICKHAM RD - STE 101B MELBOURNE, FL 32940</b>		Mailing Address <b>7640 N WICKHAM RD - STE 101B MELBOURNE, FL 32940</b>	
2. Principal Place of Business - No P.O. Box # <b>1209 U.S. HIGHWAY 1</b> Suite, Apt. #, etc.		3. Mailing Address <b>1209 U.S. HIGHWAY 1</b> Suite, Apt. #, etc.	
City & State <b>SEBASTIAN, FL</b> Zip <b>32958</b> Country <b>US</b>		City & State <b>SEBASTIAN, FL</b> Zip <b>32958</b> Country <b>US</b>	
4. FEI Number <b>01-0864918</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>HEALY, PATRICK F ESQ 1800 W HIBISCUS BLVD. STE 138 MELBOURNE, FL 32901</b>		7. Name and Address of New Registered Agent Name <b>SCHLITT PROPERTY MANAGEMENT</b> Street Address (P.O. Box Number is Not Acceptable) <b>1209 U.S. HIGHWAY 1</b> City <b>SEBASTIAN</b> <b>FL</b> Zip Code <b>32958</b>	
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 <b>STEVEN R. SCHLITT</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <b>4/9/08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALEY, MYRA 7640 N WICKHAM RD - STE 101B MELBOURNE, FL 32940 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Anne Keeney 614 Tangelo Circle SW VERO BEACH, FL 32968 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BOUDREAUX, CHARLES 7640 N WICKHAM RD - STE 101B MELBOURNE, FL 32940 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Mike Senko 469 Tangelo Circle SW VERO BEACH, FL 32968 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SHEPPARD, KELLIE 7640 N WICKHAM RD - STE 101B MELBOURNE, FL 32940 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Dan Senkow 613 Tangelo Circle SW VERO BEACH, FL 32968 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 another like empowered.			
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4/24/08</b> Daytime Phone # <b>772 538 1786</b>	