

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005154

FILED
Apr 07, 2009
Secretary of State

Entity Name: CITRUS COUNTY NEW CAR DEALERS ASSOCIATION, INC.

Current Principal Place of Business:

1035 S SUNCOAST BLVD
HOMOSASSSA, FL 34448

New Principal Place of Business:

Current Mailing Address:

PO BOX 487
CRYSTAL RIVER, FL 34423

New Mailing Address:

FEI Number: 20-4922377

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMB, STEVEN
1035 S SUNCOAST BLVD
HOMOSASSSA, FL 34448 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: DP () Delete
Name: LAMB, STEVEN
Address: 1035 S SUNCOAST BLVD
City-St-Zip: HOMOSASSSA, FL 34448

Title: DV () Delete
Name: JOHNSON, DAN
Address: 3029 S SUNCOAST BLVD
City-St-Zip: HOMOSASSSA, FL 34448

Title: DST () Delete
Name: HALLEEN, ROBERT
Address: 2021 S SUNCOAST BLVD
City-St-Zip: HOMOSASSSA, FL 34448

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: STEVEN LAMB

DP

04/07/2009

Electronic Signature of Signing Officer or Director

Date