

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006412

FILED
Jul 09, 2008
Secretary of State

Entity Name: CITRUS COUNTY BUILDERS ASSOCIATION BUILDERS CARE, INC.

Current Principal Place of Business:

1196 S LECANTO HWY
LECANTO, FL 34461

New Principal Place of Business:

Current Mailing Address:

1196 S LECANTO HWY
LECANTO, FL 34461

New Mailing Address:

FEI Number: 20-5178110 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BAILLARGEON, MATTHEW
1196 S LECANTO HWY
LECANTO, FL 34461 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: DC () Delete
Name: BAILLARGEON, MATHEW
Address: 22637 SW SURF BLVD
City-St-Zip: DUNNELLON, FL 34451

Title: DVC () Delete
Name: RENEAU, DARRELL
Address: 905 SWEET PINE PT
City-St-Zip: INVERNESS, FL 34452

Title: DS () Delete
Name: BELL, JOE
Address: 2656 W SINRISE ST
City-St-Zip: LECANTO, FL 34451

Title: DT () Delete
Name: GELFAND, RICHARD
Address: 3197 NN SHERIFF DR
City-St-Zip: BEVERLY HILLS, FL 34445

Title: D () Delete
Name: LEHMAN, PATRICIA
Address: 2965 E. GULF TO LAKE HWY
City-St-Zip: INVERNESS, FL 34453

Title: D () Delete
Name: SWART, ERIC
Address: 1700 E HARTFORD ST
City-St-Zip: INVERNESS, FL 33453

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DS (X) Change () Addition
Name: SWART, ERIC
Address: 1700 E HARTFORD ST
City-St-Zip: INVERNESS, FL 34453

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

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

Title: D (X) Change () Addition
Name: BELL, JOE
Address: 1196 S LECANTO HWY
City-St-Zip: LECANTO, FL 33461

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: MATHEW BAILLARGEON

DC

07/09/2008

Electronic Signature of Signing Officer or Director

Date