

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008233

FILED
Feb 27, 2008
Secretary of State

Entity Name: CITRUS WOODS HOMEOWNERS' ASSOCIATION OF CITRUS COUNTY, INC.

Current Principal Place of Business:

7209 W. CRINOLINE LN.
DUNNELLON, FL 34433

New Principal Place of Business:

7470 W QUIANA LN
DUNNELLON, FL 34433

Current Mailing Address:

7209 W. CRINOLINE LN.
DUNNELLON, FL 34433

New Mailing Address:

7470 W QUIANA LN
DUNNELLON, FL 34433

FEI Number: 14-1973074

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LASSITER, JANET L
7209 W. CRINOLINE LN.
DUNNELLON, FL 34433 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: D&V () Delete
Name: MORTON, HAROLD
Address: 1211 SE 3RD AVE
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: P () Delete
Name: LASSITER, JANET L
Address: 7209 W. CRINOLINE LN.
City-St-Zip: DUNNELLON, FL 34433

Title: D&S () Delete
Name: MATTINGLY, STEVE
Address: 7172 W. IMVIOUS LN.
City-St-Zip: DUNNELLON, FL 34433

Title: D () Delete
Name: NADAL, CHERYL A
Address: 7470 W. QUIANA LN.
City-St-Zip: DUNNELLON, FL 34433

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:

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: JANET L LASSITER

P/T

02/27/2008

Electronic Signature of Signing Officer or Director

Date