

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009327

FILED  
Feb 21, 2008  
Secretary of State

**Entity Name:** ANTILLA CREEK AT CITRUS PARK HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

4008 N. FLORIDA AVENUE  
TAMPA, FL 33603

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 7008  
TAMPA, FL 33673

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MAYTS, ANDREW J JR.  
201 N. ARMENIA AVENUE  
TAMPA, FL 33609 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: PD ( ) Delete  
Name: MALEMPATI, DHARMA  
Address: 3210 HORATIO STREET #6  
City-St-Zip: TAMPA, FL 33609

Title: VD ( ) Delete  
Name: JOHN, ROBERT  
Address: 1429 HARBOR WALK ROAD  
City-St-Zip: TAMPA, FL 33615

Title: STD ( ) Delete  
Name: PATEL, NIKI  
Address: PO BOX 7008  
City-St-Zip: TAMPA, FL 33673

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MALEMPATI, DHARMA  
Address: PO BOX 7008  
City-St-Zip: TAMPA, FL 33673

Title: VD (X) Change ( ) Addition  
Name: MALEMPATI, KRISHNA  
Address: PO BOX 7008  
City-St-Zip: TAMPA, FL 33673

Title: STD (X) Change ( ) Addition  
Name: KAPADIA, RUPAL  
Address: PO BOX 7008  
City-St-Zip: TAMPA, FL 33673

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: DHARMA MALEMAPATI

PD

02/21/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date