2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# N10542

Entity Name: CITRUS POINTE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

STERLING MANAGEMENT SERVICES
2870 SCHERER DR. N., SUITE 100
SAINT PETERSBURG, FL 33716 US

New Principal Place of Business:

Current Mailing Address:

STERLING MANAGEMENT SERVICES
2870 SCHERER DR. N., SUITE 100
SAINT PETERSBURG, FL 33716 US

New Mailing Address:

FEI Number: 59-2556475 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COTTERILL, RON
1010 N FLORIDA AVE
TAMPA, FL 33602 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: DTT ( ) Delete
Name: LINDERMAN, CHERYL
Address: 14018 CITRUS POINTE DR
City-St-Zip: TAMPA, FL 33625

Title: D ( ) Delete
Name: GRINER, HARMON
Address: 14004 CITRUS POINTE DR
City-St-Zip: TAMPA, FL 33625

Title: VP ( ) Delete
Name: TAYLOR, MICHELLE
Address: 14016 LEMON VALLEY
City-St-Zip: TAMPA, FL 33625

Title: D ( ) Delete
Name: WINNINCT, ALICE
Address: 7708 CITRUS FIELD CT
City-St-Zip: TAMPA, FL 33625

Title: D ( ) Delete
Name: OVERSTREET, SUSAN
Address: 7611 CARACAL CT
City-St-Zip: TAMPA, FL 33625

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:

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: GAIL KNIGHT MGR 03/24/2009
Electronic Signature of Signing Officer or Director — Date