

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90024 033 ****70.00

DOCUMENT # N20354

1. Entity Name

CITRUS COUNTY 10-13 CLUB, INC.



Principal Place of Business

PO BOX 1013
INVERNESS FL 34450
US

Mailing Address

PO BOX 1013
INVERNESS FL 34450
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2871902

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MISSION, JOHN R
8921 SOUTH THOROUGHbred POINT
INVERNESS FL 34452

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP
NAME DICAMILLO, CHRISTOPHER ☐ Delete
STREET ADDRESS 829 N. HAMBLETONION DR.
CITY-ST-ZIP INVERNESS FL 34453

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Delete
NAME DICAMILLO, CHRISTOPHER
STREET ADDRESS 829 N. HAMBLETONIONA DR.
CITY-ST-ZIP INVERNESS FL 34452

TITLE SECRETARY ☒ Change ☐ Addition
NAME THOMAS A SULLIVAN
STREET ADDRESS 3153 N TAMARISK AVE.
CITY-ST-ZIP BEVERLY HILLS, FLORIDA 34465

TITLE P ☐ Delete
NAME MISSION, JOHN R
STREET ADDRESS 8921 THOROUGHbred PT
CITY-ST-ZIP INVERNESS FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME KRAMER, KENNETH
STREET ADDRESS 4869 W HORSESHOE DRIVE
CITY-ST-ZIP BEVERLY HILLS FL 34465

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME LEES, ROLAND J
STREET ADDRESS 1308 SE 18TH ST
CITY-ST-ZIP Ocala FL 34471

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME PILNY, RICHARD E
STREET ADDRESS 5550 MOCK ORANGE DR
CITY-ST-ZIP BEVERLY HILLS FL 34465

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John R Mission JOHN R MISSION

03-05-08 352 726-9168