

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21702

FILED
Mar 25, 2008
Secretary of State

Entity Name: CITRUS GREENS AT ORANGE TREE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

1130 GROVE DRIVE
NAPLES, FL 34120

New Principal Place of Business:

Current Mailing Address:

1130 GROVE DR
NAPLES, FL 34120

New Mailing Address:

FEI Number: 59-3637134

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ENRIGHT, ROBERT A III
3120 ORANGE GROVE TRAIL
NAPLES, FL 34120 US

Name and Address of New Registered Agent:

RICHARD, BURKE J
980 MURCOTT DRIVE
NAPLES, FL 34120 US

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: RICHARD BURKE

03/25/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: JORDAN, KARI
Address: 910 SUMMERFIELD DR
City-St-Zip: NAPLES, FL 34120

Title: D () Delete
Name: ENRIGHT, ROBERT A III
Address: 3120 ORANGE GROVE TRAIL
City-St-Zip: NAPLES, FL 34120

Title: VPD () Delete
Name: MOSS, MEIKE
Address: 958 SUMMERFIELD DR
City-St-Zip: NAPLES, FL 34120

Title: PD () Delete
Name: MASINELLI, TONY REV
Address: 935 SUMMERFIELD DR
City-St-Zip: NAPLES, FL 34120

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: HULL, DEAN
Address: 3130 ORANGE GROVE TRAIL
City-St-Zip: NAPLES, FL 34120

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

Title: VPD (X) Change () Addition
Name: MOSS, MEIKE
Address: 940 SUMMERFIELD DRIVE
City-St-Zip: NAPLES, FL 34120

Title: PD (X) Change () Addition
Name: BURKE, RICHARD J
Address: 980 MURCOTT DRIVE
City-St-Zip: NAPLES, FL 34120

Title: D () Change (X) Addition
Name: JOHN, TISHON T JR
Address: 3071 ORANGE GROVE TRAIL
City-St-Zip: NAPLES, FL 34120

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: RICHARD BURKE

PD

03/25/2008

Electronic Signature of Signing Officer or Director

Date