2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 13, 2008
Secretary of State

DOCUMENT# N21702

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:

RICHARD, BURKE J
980 MURCOTT DRIVE
NAPLES, FL 34120 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:	SD	( ) Delete
Name:	HULL, DEAN	
Address:	3130 ORANGE GROVE TRAIL	
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:	940 SUMMERFIELD DRIVE	
City-St-Zip:	NAPLES, FL 34120	
Title:	PD	( ) Delete
Name:	BURKE, RICHARD J	
Address:	980 MURCOTT DRIVE	
City-St-Zip:	NAPLES, FL 34120	
Title:	D	( ) Delete
Name:	JOHN, TISHON T JR	
Address:	3071 ORANGE GROVE TRAIL	
City-St-Zip:	NAPLES, FL 34120	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	AULT, DEBORAH D	
Address:	3060 ORANGE GROVE TRAIL	
City-St-Zip:	NAPLES, FL 34120	
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: RICHARD J. BURKE PD 10/13/2008

Electronic Signature of Signing Officer or Director — Date