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Apr 28 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N31943** (6)
1. Corporation Name
CITRUS COUNTY CIVIC ASSOCIATION INCORPORATED

Principal Place of Business Mailing Address
PO BOX 1008 HOMOSASSA SPRINGS FL 34447 US



2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

3. Date Incorporated or Qualified
04/26/1989
4. FEI Number **59-2940407** Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEISS, NANCY
3630 S SPRINGBREEZE WAY
HOMOSASSA FL 34448

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0602 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **SAMSTAG, EARL C.**
CITY-ST-ZIP **6276 GROVER CLEVELAND BL**
HOMOSASSA SPRINGS FL
TITLE ☐ DELETE
NAME **DV**
STREET ADDRESS **SELBY, GERRY SUE**
CITY-ST-ZIP **3630 S SPRINGBREEZE WAY**
HOMOSASSA FL
TITLE ☐ DELETE
NAME **DST**
STREET ADDRESS **WEISS, NANCY**
CITY-ST-ZIP **3630 S SPRINGBREEZE WAY**
HOMOSASSA FL
TITLE ☒ DELETE
NAME **DS**
STREET ADDRESS **SIEBER, DOROTHY**
CITY-ST-ZIP **4032 SW OAKHURST DRIVE**
HOMOSASSA FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **DS**
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **DT**
4.3 STREET ADDRESS **DINGWALL, JENNIE**
4.4 CITY-ST-ZIP **6161 W WAYWARD WIND LOOP**
HOMOSASSA FL
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Earl C. Samstag** 4/28/98 522-628-5050

CP2E037 (10/97)