

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N31943

FILED
Apr 07, 2003
Secretary of State

Entity Name: CITRUS COUNTY CIVIC ASSOCIATION INCORPORATED

Current Principal Place of Business:

PO BOX 1006
HOMOSASSA SPRINGS, FL 34447 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1006
HOMOSASSA SPRINGS, FL 34447 US

New Mailing Address:

FEI Number: 59-2940407

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SELBY, GERRIE S
3830 S SPRING BREEZE WAY
HOMOSASSA, FL 34448 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: DP () Delete
Name: SELBY, GERRIE S
Address: 3830 S SPRINGBREEZE WAY
City-St-Zip: HOMOSASSA, FL

Title: D () Delete
Name: MATTHEWS, RICHARD
Address: 4238 S SPRING SONG TERRACE
City-St-Zip: HOMOSASSA, FL

Title: D (X) Delete
Name: PELLERIN, PAUL
Address: 3775 S SPRINGBREEZE WAY
City-St-Zip: HOMOSASSA, FL

Title: DT () Delete
Name: DINGWALL, JENNIE
Address: 6161 W WAYWARD WIND LP
City-St-Zip: HOMOSASSA, FL

Title: D () Delete
Name: PELLERIN, BARBARA
Address: 3775 S SPRINGBREEZE WAY
City-St-Zip: HOMOSASSA, FL

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: D (X) Change () Addition
Name: SAMSTAG, MAUREEN
Address: 6276 GLOVER CLEVELAND BLVD
City-St-Zip: HOMOSASSA, FL 34447 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GERRIE SUE SELBY

DP

04/07/2003

Electronic Signature of Signing Officer or Director

Date