2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32206

FILED May 05, 2009 Secretary of State

Entity Name: CITRUS FINANCIAL CENTER ASSOCIATION, INC.

Current Principal Place of Business:

New Principal Place of Business:

1717 INDIAN RIVER BLVD. 300 1717 INDIAN RIVER BLVD. 300

C/O LOUIS L. SCHLITT C/O SCHLITT PROPERTY MANAGEMENT, INC. VERO BEACH, FL 32960

VERO BEACH, FL 32960

Current Mailing Address:

New Mailing Address: 1209 US HIGHWAY #1

1717 INDIAN RIVER BLVD. 300 C/O LOUIS L. SCHLITT

C/O SCHLITT PROPERTY MANAGEMENT, INC.

SEBASTIAN, FL 32958

SCHLITT STEVEN R

VERO BEACH, FL 32960 FEI Number: 65-0180099

FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SCHLITT, LOUIS L 1717 INDÍAN RIVER BLVD. SUITE 300

1209 U.S. HIGHWAY #1

ATT: TERRY

Name:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

VERO BEACH, FL 32960 US

SEBASTIAN, FL 32958 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: STEVEN R SCHLITT

05/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

() Delete

SCHLITT, LOUIS L. Name:

1717 INDIAN RIVER BLVD. Address:

City-St-Zip: VERO BEACH, FL

> Title: () Change () Addition

SCHLITT, JEFF

VERO BEACH, FL

1717 INDIAN RIVER BLVD.

Title: DS () Delete BARTH, III, PHIL Name: Address: 1717 INDIAN RIVER BLVD.

City-St-Zip: VERO BEACH, FL

Title: DVP () Delete Title: DVP (X) Change () Addition

SCHLITT, JEFFREY M Name: STODDARD, WILLIAM Name: 1717 INDIAN RIVER BLVD 1717 INDIAN RIVER BLVD Address: Address:

City-St-Zip: VERO BCH. FL City-St-Zip: VERO BCH, FL

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: JEFF SCHLITT JS 05/05/2009