



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90112 026 ****61.25

DOCUMENT # N41032 1. Entity Name CITRUS CLUB HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business P O BOX 540123 MERRITT ISLAND, FL 32954			Mailing Address P O BOX 540123 MERRITT ISLAND, FL 32954		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3049114	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARRETTA, ALBERT C 254 LAKE SHORE DRIVE MERRITT ISLAND, FL 32953				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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. I am familiar with, and accept the obligations of registered agent.				DATE	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BARRETTA, ALBERT C 254 LAKE SHORE DR MERRITT ISLAND, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BASS, GLYN 263 LAKE SHORE DRIVE MERRITT ISLAND, FL 32953	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Joe Rowland 202 Lake Shore Drive Merritt Island, FL 32953
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WINSTON, PAUL 212 LAKE SHORE DR MERRITT ISLAND, FL 32953	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Phil Weber 247 Lake Shore Drive Merritt Island, FL 32953
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ANDERSON, ANTHONY 248 LAKE SHORE DR MERRITT ISLAND, FL 32953	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Eve Stavros 242 Lake Shore Drive Merritt Island, FL 32953
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Tom Hubeny 252 Lake Shore Drive Merritt Island, FL 32953
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Albert Barretta</i> Albert Barretta 4-19-06 321 453-0329					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					