
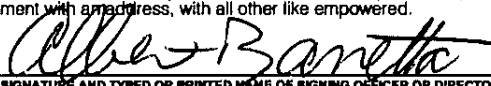


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2007 08:00 A**  
**Secretary of State**

|  |  |  |
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| <b>DOCUMENT # N41032</b><br>1. Entity Name<br>CITRUS CLUB HOMEOWNERS' ASSOCIATION, INC.  |  |                                   |
| Principal Place of Business<br>P O BOX 540123<br>MERRITT ISLAND, FL 32954  | Mailing Address<br>P O BOX 540123<br>MERRITT ISLAND, FL 32954      |  |
| <b>DO NOT WRITE IN THIS SPACE</b>  |  |  |
| 6. Name and Address of Current Registered Agent<br><br>BARRETTA, ALBERT C<br>254 LAKE SHORE DRIVE<br>MERRITT ISLAND, FL 32953  |  | <b>DO NOT WRITE<br/>IN THIS SPACE</b>  |
| 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.<br><br>SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |  |
| Filing Fee is \$61.25<br>Due by May 1, 2007  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees |
| 10. OFFICERS AND DIRECTORS   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>BARRETTA, ALBERT C<br>254 LAKE SHORE DR<br>MERRITT ISLAND, FL |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>ROWLAND, JOE<br>202 LAKE SHORE DR<br>MERRITT ISLAND, FL 32953 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>WEBER, PHIL<br>247 LAKE SHORE DR<br>MERRITT ISLAND, FL 32953  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>STAVROS, EVE<br>242 LAKE SHORE DR<br>MERRITT ISLAND, FL 32953 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>HUBENY, TOM<br>252 LAKE SHORE DR<br>MERRITT ISLAND, FL 32953  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |  |
| 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: <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  | 4-14-07 (321)453-0329<br><small>Date Daytime Phone #</small>   |



04112007 No Chg-NP CR2E037 (4/06)

|   |                               |
|---|-------------------------------|
| 4. FEI Number<br>59-3049114   | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional<br>Fee Required |                               |

**DO NOT WRITE  
IN THIS SPACE**

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04/27/07-80067-018 61.25