

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

**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**



04012008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3049114**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**BARRETTA, ALBERT C  
254 LAKE SHORE DRIVE  
MERRITT ISLAND, FL 32953**

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	BARRETTA, ALBERT C
STREET ADDRESS	254 LAKE SHORE DR
CITY-ST-ZIP	MERRITT ISLAND, FL
TITLE	D
NAME	ROWLAND, JOE
STREET ADDRESS	202 LAKE SHORE DR
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	D
NAME	WEBER, PHIL
STREET ADDRESS	247 LAKE SHORE DR
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	D
NAME	STAVROS, EVE
STREET ADDRESS	242 LAKE SHORE DR
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	D
NAME	HUBENY, TOM
STREET ADDRESS	252 LAKE SHORE DR
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000983167  
04/16/08-80070-006 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Albert C Barretta* **Albert C Barretta**

**4-1-08**

**321-453-0329**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #