

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41032

FILED  
Apr 20, 2009  
Secretary of State

**Entity Name:** CITRUS CLUB HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

P O BOX 540123  
MERRITT ISLAND, FL 32954

**New Principal Place of Business:**

254 LAKE SHORE DRIVE  
MERRITT ISLAND, FL 32953

**Current Mailing Address:**

P O BOX 540123  
MERRITT ISLAND, FL 32954

**New Mailing Address:**

**FEI Number:** 59-3049114      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BARRETTA, ALBERT C  
254 LAKE SHORE DRIVE  
MERRITT ISLAND, FL 32953      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: D      ( ) Delete  
Name: BARRETTA, ALBERT C  
Address: 254 LAKE SHORE DR  
City-St-Zip: MERRITT ISLAND, FL

Title: D      ( ) Delete  
Name: ROWLAND, JOE  
Address: 202 LAKE SHORE DR  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: D      ( ) Delete  
Name: WEBER, PHIL  
Address: 247 LAKE SHORE DR  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: D      ( ) Delete  
Name: STAVROS, EVE  
Address: 242 LAKE SHORE DR  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: D      ( ) Delete  
Name: HUBENY, TOM  
Address: 252 LAKE SHORE DR  
City-St-Zip: MERRITT ISLAND, FL 32953

**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:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ALBERT C BARRETTA

D

04/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date