

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45289

FILED
Apr 03, 2008
Secretary of State

Entity Name: CITRUS COUNTY SENIOR SPORTS ASSOCIATION, INC.

Current Principal Place of Business:

4728 N. MAPLEVIEW WAY
BEVERLY HILLS, FL 34465 US

New Principal Place of Business:

Current Mailing Address:

4728 N MAPLEVIEW WAY
BEVERLY HILLS, FL 34465 US

New Mailing Address:

FEI Number: 59-3081869

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALMER, BURKHARDT
CITRUS COUNTY SENIOR SPORTS ASSOCIATION, I
4728 N MAPLEVIEW WAY
BEVERLY HILLS, FL 34465 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: P () Delete
Name: LAFRANCE, ALFRED PRESIDE
Address: 4728 N. MAPLEVIEW WAY
City-St-Zip: BEVERLY HILLS, FL 34465 US

Title: VPD () Delete
Name: JOHNSTON, WILLIAM 1ST VP
Address: 4198 W. GORGE LN
City-St-Zip: BEVERLEY HILLS, FL 34465 US

Title: VPD () Delete
Name: SCHMITT, LOUIS 2ND VP
Address: 32 S. DAVIS ST
City-St-Zip: BEVERLY HILLS, FL 34465

Title: S () Delete
Name: PALMER, BURKHARDT
Address: 6385 N. SHOREWOOD DR.
City-St-Zip: HERNANDO, FL 34442

Title: TREA () Delete
Name: TAVAROZZI, ROBERT TREAS.
Address: 2776 E. STEVENS ST
City-St-Zip: INVERNESS, FL 34453

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: MOCCIA, SALVATORE 1ST VP
Address: 5122 N. REDCLOUD DR
City-St-Zip: BEVERLEY HILLS, FL 34465 US

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: BURKHARDT PALMER

SECT

04/03/2008

Electronic Signature of Signing Officer or Director

Date