

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49076

FILED
Apr 23, 2008
Secretary of State

Entity Name: CRYSTAL RIVER USER'S GROUP, INC.

Current Principal Place of Business:

8061 N GOLFOVIEW DR
CITRUS SPRINGS, FL 34434 US

New Principal Place of Business:

Current Mailing Address:

P.O BOX 2108
CRYSTAL RIVER, FL 344232108 US

New Mailing Address:

FEI Number: 59-2977687

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEAVER, LARRY
8061 N GOLFOVIEW DR
CITRUS SPRINGS, FL 34434 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: PD () Delete
Name: CHRISTAINSON, DEAN
Address: 3664 E HIDDEN COVE TRAIL
City-St-Zip: HERNANDO, FL 34442

Title: SD () Delete
Name: GREEN, SUE S
Address: 3664 E HIDDEN COVE TRAIL
City-St-Zip: HERNANDO, FL 34442

Title: TD () Delete
Name: ROTH, PATRICIA
Address: 2618 N CARNOUSTIE LOOP
City-St-Zip: LECANTO, FL 34461

Title: D () Delete
Name: BROMLEY, RICHARD
Address: 401 N. TURKEY PINE LOOP
City-St-Zip: LECANTO, FL 34461

Title: VPD () Delete
Name: MORTON, ALFRED
Address: 2400 FOREST DRIVE
City-St-Zip: INVERNESS, FL 34453

Title: D (X) Delete
Name: OHLMEYER, CAROLYN
Address: 17 SALVIA COURT
City-St-Zip: HOMOSASSA, FL 34446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MORTON, ALFRED
Address: 2400 FOREST DRIVE
City-St-Zip: INVERNESS, FL 34453

Title: S (X) Change () Addition
Name: BICKLE, BARBARA
Address: 8358 W CHARMAINE DR
City-St-Zip: HOMOSASSA, FL 34448

Title: T (X) Change () Addition
Name: ROTH, PATRICIA
Address: 2618 N CARNOUSTIE LOOP
City-St-Zip: LECANTO, FL 34461

Title: V (X) Change () Addition
Name: CHRISTAINSON, DEAN
Address: 3664 E HIDDEN COVE TRAIL
City-St-Zip: HERNANDO, FL 34442

Title: M (X) Change () Addition
Name: OHLMEYER, CAROLYN
Address: 17 SALVIA COURT
City-St-Zip: HOMOSASSA, FL 34446

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: PATRICIA ROTH

T

04/23/2008

Electronic Signature of Signing Officer or Director

Date