

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49076

FILED  
Apr 10, 2009  
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:**

2618 N CARNOUSTIE LOOP  
LECANTO, FL 34461 US

**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:**

ROTH, PATRICIA  
2618 N CARNOUSTIE LOOP  
LECANTO, FL 34461 US

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: PATRICIA ROTH

04/10/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: S (X) Change ( ) Addition  
Name: MALECKY, LOIS  
Address: 1258 E CERMAK STREET  
City-St-Zip: HERNANDO, FL 34442

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: PATRICIA ROTH

T

04/10/2009

Electronic Signature of Signing Officer or Director

Date