
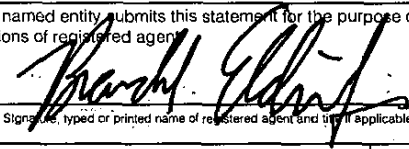
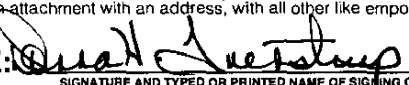


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90060 012 \*\*\*\*61.25

<b>DOCUMENT # N95000003317</b> 1. Entity Name <b>CITRUS COUNTY SEMINOLE CLUB, INC.</b>					
Principal Place of Business <b>POST OFFICE BOX 3051 INVERNESS, FL 34451-3051</b>			Mailing Address <b>POST OFFICE BOX 3051 INVERNESS, FL 34451-3051</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MARTONE, JAMES 330 S GROVE TERR INVERNESS, FL 34450</b>				Name <b>ELDRIDGE, BRANDLE</b> Street Address (P.O. Box Number is Not Acceptable) <b>3109 S. SYGNET TERR</b> City <b>INVERNESS</b> FL <b>34450</b>	
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 				<b>BRANDLE ELDRIDGE</b> 04/20/04	
(NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>MARTONE, JAMES 350 S GROVE TERR INVERNESS, FL 34450</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>ELDRIDGE, BRANDLE 3109 S. SYGNET TERR INVERNESS FL 34450</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <b>EVERETT, CECIL 132 S. SPARROW PT. INVERNESS, FL 34450</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <b>MARTONE, JAMES 350 S. GROVE TERR INVERNESS FL 34450</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <b>TVENSTRUP, DONNA P.O. BOX 992 INVERNESS, FL 34451</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>MARTONE, GWEN 4058 S CAMEO TERR INVERNESS, FL 34452</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>FITZPATRICK, BRENDA 37 N. BRAEMAR INVERNESS FL 34450</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <b>DONNA H. TVENSTRUP</b> 04/20/04 352/726-9325					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

24051089



01252004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-3331592**

Applied For  
Not Applicable

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

BRANDLE ELDRIDGE 04/20/04

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

DP ELDRIDGE, BRANDLE 3109 S. SYGNET TERR INVERNESS FL 34450

DVP MARTONE, JAMES 350 S. GROVE TERR INVERNESS FL 34450

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