

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000003317

1. Entity Name

CITRUS COUNTY SEMINOLE CLUB, INC.



Principal Place of Business

POST OFFICE BOX 3051
INVERNESS FL 34451-3051

Mailing Address

POST OFFICE BOX 3051
INVERNESS FL 34451-3051

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3331592

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELDRIDGE, BRANDLE
3109 S. SYGNET TERRACE
INVERNESS FL 34450

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
BRANDEL, ELDRIDGE
3109 S. SYGNET TERRACE
INVERNESS FL 34450 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DVP
MARTONE, JAMES
350 S. GROVE TERRACE
INVERNESS FL 34450 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
000000534724 ☐ Change ☐ Addition
05/08/06-80023-009 61.25

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DT
TVENSTRUP, DONNA
P.O. BOX 992
INVERNESS FL 34451 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
FITZPATRICK, BRENDA
37 N. BRAEMAR
INVERNESS FL 34452 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Donna Tvenstrup* **DONNA TVENSTRUP** 04/24/06 352/726-93
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone