

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003317

FILED  
Apr 21, 2008  
Secretary of State

Entity Name: CITRUS COUNTY SEMINOLE CLUB, INC.

**Current Principal Place of Business:**

3109 S SYGNET TERRACE  
INVERNESS, FL 34450

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 3051  
INVERNESS, FL 344513051

**New Mailing Address:**

FEI Number: 59-3331592

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ELDRIDGE, BRANDLE  
3109 S. SYGNET TERRACE  
INVERNESS, FL 34450 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: DP ( ) Delete  
Name: BRANDEL, ELDRIDGE  
Address: 3109 S. SYGNET TERRACE  
City-St-Zip: INVERNESS, FL 34450

Title: DVP ( ) Delete  
Name: MARTONE, JAMES  
Address: 350 S. GROVE TERRACE  
City-St-Zip: INVERNESS, FL 34450

Title: DT ( ) Delete  
Name: TVENSTRUP, DONNA  
Address: 6131 E MARBLE LANE  
City-St-Zip: INVERNESS, FL 34452

Title: S ( ) Delete  
Name: FITZPATRICK, BRENDA  
Address: 37 N. BRAEMAR  
City-St-Zip: INVERNESS, FL 34452

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

Title: DP (X) Change ( ) Addition  
Name: ELDRIDGE, BRANDLE  
Address: 3109 S. SYGNET TERRACE  
City-St-Zip: INVERNESS, FL 34450

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

Title: TREA (X) Change ( ) Addition  
Name: TVENSTRUP, DONNA  
Address: 6131 E MARBLE LANE  
City-St-Zip: INVERNESS, FL 34452

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: DONNA TVENSTRUP

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

TREA

04/21/2008

\_\_\_\_\_  
Date