

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003317

FILED
Apr 06, 2009
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:

POST OFFICE BOX 992
INVERNESS, FL 344510992

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: ELDRIDGE, BRANDLE
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: TREA () 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: () Change () Addition
Name:
Address:
City-St-Zip:

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: DONNA H TVENSTRUP

TREA

04/06/2009

Electronic Signature of Signing Officer or Director

Date