

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004628 (2)**
1. Corporation Name

NORTH CITRUS CIVIC ASSOCIATION, INC.



Principal Place of Business 9835 NORTH CITRUS AVENUE CRYSTAL RIVER FL 34428	Mailing Address 9835 NORTH CITRUS AVENUE CRYSTAL RIVER FL 34428
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3. Date Incorporated or Qualified 08/26/1995
4. FEI Number 59-3362753
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 8055 N. DACCA TER. Suite, Apt. #, etc. 22	2a. Mailing Address 26 8055 N. DACCA TER. Suite, Apt. #, etc. 27
City & State 23 DUNNELLON FL	City & State 28 DUNNELLON FL
Zip 24 34433	Country 25 CITRUS
Zip 29 34433	Country 30 CITRUS

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent FIFE, RANDOLPH S 9835 NORTH CITRUS AVENUE CRYSTAL RIVER FL 34428	
81 Name MORRIS HARVEY	82 Street Address (P.O. Box Number is Not Acceptable) 8055 N. DACCA TER.
83	84 City DUNNELLON
85 Zip Code FL 34433	

10. Name and Address of New Registered Agent	
81 Name MORRIS HARVEY	82 Street Address (P.O. Box Number is Not Acceptable) 8055 N. DACCA TER.
83	84 City DUNNELLON
85 Zip Code FL 34433	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **MORRIS E. HARVEY** *Morris E. Harvey* **5/11/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KOWALCZIK, MERLE M		1.2 NAME MORRIS HARVEY	
STREET ADDRESS 7225 W RIVERBEND ROAD		1.3 STREET ADDRESS 8055 N. DACCA TER.	
CITY-ST-ZIP DUNNELLON FL 34433		1.4 CITY-ST-ZIP DUNNELLON FL 34433	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MCGINNIS, JOYCE A		2.2 NAME STU BARNETTE	
STREET ADDRESS 7851 W. GLENDALE CT		2.3 STREET ADDRESS 6085 W. RIVERBEND RD.	
CITY-ST-ZIP DUNNELLON FL 34433		2.4 CITY-ST-ZIP DUNNELLON FL 34433	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE T/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PROFIT, MARIQUITA		3.2 NAME RANDOLPH S. FIFE	
STREET ADDRESS 9951 N. CITRUS AVE.		3.3 STREET ADDRESS 9835 N. CITRUS AVE	
CITY-ST-ZIP CRYSTAL RIVER FL 34428		3.4 CITY-ST-ZIP CRYSTAL RIVER FL 34428	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KOWALCZIK, JOSEPH D		4.2 NAME RAY DAW	
STREET ADDRESS 7225 W. RIVERBEND RD.		4.3 STREET ADDRESS 8945 W. TONTO DR	
CITY-ST-ZIP DUNNELLON FL 34433		4.4 CITY-ST-ZIP CRYSTAL RIVER FL 34428	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KOWALCZIK, JOSEPH D		5.2 NAME ANDREW DAVENPORT	
STREET ADDRESS 7225 W. RIVERBEND RD.		5.3 STREET ADDRESS 7539 W. RIVERBEND RD.	
CITY-ST-ZIP DUNNELLON FL 34433		5.4 CITY-ST-ZIP DUNNELLON FL 34433	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KOWALCZIK, JOSEPH D		6.2 NAME CANDY VAN VALKENBURG	
STREET ADDRESS 7225 W. RIVERBEND RD.		6.3 STREET ADDRESS 6665 W. RIVERBEND RD	
CITY-ST-ZIP DUNNELLON FL 34433		6.4 CITY-ST-ZIP DUNNELLON FL 34433	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE **MORRIS E. HARVEY** *Morris E. Harvey* **5/11/98**

CR2E037 (10/97)