

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90016 026 ****61.25

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1. Corporation Name

NORTH CITRUS CIVIC ASSOCIATION, INC.

Principal Place of Business

8055 N DACCA TER
DUNNELLON FL 34433
US

Mailing Address

8055 N DACCA TERR
DUNNELLON FL 34433
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

09/26/1995

4. FEI Number

59-3362753

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HARVEY, MORRIS
8055 N DACCA TERR
DUNNELLON FL 34433

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE PD
NAME HARVEY, MORRIS
STREET ADDRESS 8055 N DACCA TERR
CITY-ST-ZIP DUNNELLON FL 34433

TITLE VD ☒ DELETE
NAME BARNETTE, STU
STREET ADDRESS 6085 W RIVERBEND RD
CITY-ST-ZIP DUNNELLON FL 33443

TITLE D ☐ DELETE
NAME PROFITT, MARIQUITA
STREET ADDRESS 9951 N. CITRUS AVE.
CITY-ST-ZIP CRYSTAL RIVER FL 34429

TITLE TD ☐ DELETE
NAME FIFE, RANDOLPH S
STREET ADDRESS 9835 N CITRUS AVE
CITY-ST-ZIP CRYSTAL RIVER FL 34428

TITLE D ☐ DELETE
NAME DAW, RAY
STREET ADDRESS 8945 W TONTO DR
CITY-ST-ZIP CRYSTAL RIVER FL 34428

TITLE D ☐ DELETE
NAME DAVENPORT, ANDREW
STREET ADDRESS 7539 W RIVERBEND RD
CITY-ST-ZIP DUNNELLON FL 34433

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Morris E. Harvey SIGNATURE REQUIRED MORRIS E. HARVEY 2/5/99 352-564-0267

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)