

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004651

FILED
Jan 21, 2004
Secretary of State**Entity Name:** CITRUS RIVER GROVES, UNIT FOUR HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**373 JEREMY DR
MERRITT ISL, FL 32953 US**New Principal Place of Business:****Current Mailing Address:**373 JEREMY DR
MERRITT ISL, FL 32953 US**New Mailing Address:****FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BARRELLA, MICHAEL A
373 JEREMY DR
MERRITT ISLAND, FL 32953 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: D () Delete
Name: BARRELLA, MICHAEL
Address: 373 JEREMY CT
City-St-Zip: MERRITT ISLAND, FLTitle: D () Delete
Name: BARRELLA, LORRAINE
Address: 373 JEREMY CT
City-St-Zip: MERRITT ISLAND, FLTitle: D () Delete
Name: KOCH, WILLIAM
Address: 1402 SW 82 TERR
City-St-Zip: N LAUDERDALE, FLTitle: D () Delete
Name: SWASS, MICHAEL C
Address: 364 LAKEWOOD DR
City-St-Zip: SHIRLEY, NYTitle: D () Delete
Name: THOMPSON, THOMAS
Address: 3025 WINCHESTER DR
City-St-Zip: COCOA, FLTitle: D () Delete
Name: LOPEZ, DANIEL
Address: 1034 PORTOLA AVE
City-St-Zip: SPRING VALLEY, CA**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:Title: D (X) Change () Addition
Name: THOMPSON, THOMAS
Address: 392 JEREMY CT.
City-St-Zip: MERRITT ISLAND, FL 32953Title: D (X) Change () Addition
Name: MERRICK, LAURA
Address: 382 JEREMY CT
City-St-Zip: MERRITT ISLAND, FL 32953

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LORRAINE BARRELLA

D

01/21/2004

Electronic Signature of Signing Officer or Director

Date