

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004651

FILED
Mar 17, 2008
Secretary of State

Entity Name: CITRUS RIVER GROVES, UNIT FOUR HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

373 JEREMY CT
MERRITT ISL, FL 32953 US

New Principal Place of Business:

Current Mailing Address:

373 JEREMY CT
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 CT
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, FL 32953 US

Title: Change Addition

Name:

Address:

City-St-Zip:

Title: D Delete

Name: BARRELLA, LORRAINE

Address: 373 JEREMY CT

City-St-Zip: MERRITT ISLAND, FL 32953 US

Title: Change Addition

Name:

Address:

City-St-Zip:

Title: D Delete

Name: KOCH, WILLIAM

Address: 8397 NW 5TH STREET

City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: Change Addition

Name:

Address:

City-St-Zip:

Title: D Delete

Name: SWASS, MICAHEL C

Address: 3620-9 WHITEHALL ROAD

City-St-Zip: ANDERSON, SC 29626 US

Title: Change Addition

Name:

Address:

City-St-Zip:

Title: D Delete

Name: COOPER, CLIFFORD

Address: 372 JEREMY COURT

City-St-Zip: MERRITT ISLAND, FL 32953 US

Title: Change Addition

Name:

Address:

City-St-Zip:

Title: D Delete

Name: MERRICK, LAURA

Address: 382 JEREMY CT

City-St-Zip: MERRITT ISLAND, FL 32953 US

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: LORRAINE BARRELLA

D

03/17/2008

Electronic Signature of Signing Officer or Director

Date