

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004651

FILED
Apr 29, 2009
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: D (X) Delete
Name: BARRELLA, LORRAINE
Address: 373 JEREMY CT
City-St-Zip: MERRITT ISLAND, FL 32953 US

Title: D () Delete
Name: KOCH, WILLIAM
Address: 8397 NW 5TH STREET
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: D () Delete
Name: SWASS, MICHAEL C
Address: 3620-9 WHITEHALL ROAD
City-St-Zip: ANDERSON, SC 29626 US

Title: D (X) Delete
Name: COOPER, CLIFFORD
Address: 372 JEREMY COURT
City-St-Zip: MERRITT ISLAND, FL 32953 US

Title: D () Delete
Name: MERRICK, LAURA
Address: 382 JEREMY CT
City-St-Zip: MERRITT ISLAND, FL 32953 US

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
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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: MICHAEL A BARRELLA

RA

04/29/2009

Electronic Signature of Signing Officer or Director

Date