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Mar 30 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000000451 (1)

1. Corporation Name

CITRUS SINGLES CLUB, INC.

Principal Place of Business

Mailing Address

P O BOX 15635
CRYSTAL RIVER FL 33423-1535

P O BOX 15635
CRYSTAL RIVER FL 33423-1535

3. Date Incorporated or Qualified

01/21/1997

4. FEI Number

☒ Applied For
☐ Not Applicable

2. Principal Place of Business

21 P.O. BOX 1535

2a. Mailing Address

26 P.O. BOX 1535

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 CRYSTAL RIVER, FL

City & State

28 CRYSTAL RIVER, FL

Zip

24 34423-1535

Country

25 USA

Zip

29 34423-1535

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SLONIMSKY, SAUL M
2097 N INWOOD TERRACE
CRYSTAL RIVER FL 33428-7862

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME P
STREET ADDRESS SLONIMSKY, SAUL M
CITY-ST-ZIP 2097 N INWOOD TERRACE
CRYSTAL RIVER FL 34428

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME T
1.3 STREET ADDRESS CROSS, HOWARD T.
1.4 CITY-ST-ZIP 3373 S. ROYAL OAKS DR. APT 15-4
INVERNESS, FL 34452-5767

TITLE ☐ DELETE

NAME V
STREET ADDRESS BAUSCH, EILEEN
CITY-ST-ZIP 3342 S BELGRAVE DR
INVERNESS FL 34452

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME D
STREET ADDRESS WELSCH, DOROTHY
CITY-ST-ZIP 1866 ARROWWOOD LANE
INVERNESS FL 34453

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME D
STREET ADDRESS IAFFE, LUCY
CITY-ST-ZIP 5010 S ROMANS AVE
INVERNESS FL 34452

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME D
STREET ADDRESS TYREE, LORRAINE
CITY-ST-ZIP 6229 W WESTON DR
CRYSTAL RIVER FL 34429

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME S
STREET ADDRESS TOBARA, NANCY
CITY-ST-ZIP 3621 N LUCILLE
BEVERLY HILL FL 34465

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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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.

CR2E037 (10/97)