
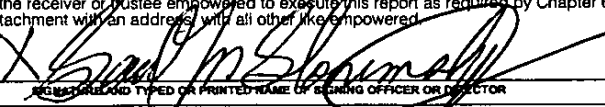


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2006 8:00 am**  
**Secretary of State**

02-23-2006 90019 023 \*\*\*\*61.25

<b>DOCUMENT # N97000000451</b> 1. Entity Name <b>CITRUS SINGLES CLUB, INC.</b>					
Principal Place of Business P.O. BOX 1535 CRYSTAL RIVER, FL 34423-1535			Mailing Address P.O. BOX 1535 CRYSTAL RIVER, FL 34423-1535		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-3405971</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>SLONIMSKY, SAUL M</b> <b>2097 N INWOOD TERRACE</b> <b>CRYSTAL RIVER, FL 33428-7862</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>SLONIMSKY, SAUL M</b> <b>2097 N INWOOD TERRACE</b> <b>CRYSTAL RIVER, FL 34428</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>WELSCH, DOROTHY</b> <b>1866 ARROWWOOD LANE</b> <b>INVERNESS, FL 34453</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>JOYCE, SUZANNE</b> <b>2588 LANTERN TERR</b> <b>HERNANDO, FL 34442</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>VANEDA PETERS</b> <b>3864 N. GRAPENFERNWAY</b> <b>BEVERLY HILLS, FL 34465</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>TYREE, LORRAINE</b> <b>6229 W WESTON DR</b> <b>CRYSTAL RIVER, FL 34429</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>TOBARA, NANCY</b> <b>3621 N LUCILLE</b> <b>BEVERLY HILL, FL 34465</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>CROSS, HOWARD T</b> <b>3336 S. WHITECHAPPEL PT.</b> <b>INVERNESS, FL 344528710</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
<b>SIGNATURE:</b> 			2/18/06 352 7951336		