

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90037 013 ****66.25

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1. Entity Name
CITRUS SINGLES CLUB, INC.



Principal Place of Business

~~P.O. BOX 1536~~ **PO BOX 640625**
~~CRYSTAL RIVER, FL 34428-1535~~

Mailing Address

P.O. BOX 640625
BEVERLY HILLS, FL 34464

BEVERLY HILLS FL 34464



01052008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3405971

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

Saul M. Slonimsky

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/12/2008

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution.

☒ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

TITLE **V**
NAME **GORMLEY, DOROTHY**
STREET ADDRESS **1153 S SOFTWIND LOOP**
CITY-ST-ZIP **LECANTO, FL 34461**

TITLE **D**
NAME **PETERS, VANEDA**
STREET ADDRESS **3864 N GRAPEFERNWAY**
CITY-ST-ZIP **BEVERLY HILLS, FL 34465**

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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.

SIGNATURE:

SAUL M. SLONIMSKY

Saul M. Slonimsky

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/12/08

Daytime Phone #

352-795-1336