

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003640

FILED
Mar 31, 2009
Secretary of State

Entity Name: CITRA PINES OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

12469 W SR 100
LAKE BUTLER, FL 32054

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 233
LAKE BUTLER, FL 32054

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BOLES, LINDA C
12469 W SR 100
LAKE BUTLER, FL 32054 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: ROBERTS, AVERY C
Address: P.O. BOX 283
City-St-Zip: LAKE BUTLER, FL 32054

Title: D () Delete
Name: BOLES, LINDA C
Address: 6798 CRYSTAL LAKE ROAD
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: D () Delete
Name: SUGGS, CHRISTINA
Address: RT. 4 BOX 3495
City-St-Zip: LAKE BUTLER, FL 32054

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:

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: AVERY C. ROBERTS

D

03/31/2009

Electronic Signature of Signing Officer or Director

Date