

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003640

FILED  
Mar 28, 2010  
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:**

17235 NE 22ND CT  
CITRA, FL 32113

**Current Mailing Address:**

P.O. BOX 233  
LAKE BUTLER, FL 32054

**New Mailing Address:**

17235 NE 22ND CT  
CITRA, FL 32113

**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:**

BERNARD, RICHARD  
17235 NE 22ND CT  
CITRA, FL 32113 US

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: RICHARD BERNARD

03/28/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: BERNARD, RICHARD  
Address: 17235 NE 22ND CT  
City-St-Zip: CITR, FL 32113

Title: D  
Name: GONZALEZ, LEMAY  
Address: 5010 E. 3RD AVENUE  
City-St-Zip: HIALEAH, FL 33013

Title: D  
Name: SANDERS, STACI  
Address: 17110 NE 22ND CT  
City-St-Zip: CITRA, FL 32113

Title: D  
Name: JOHNSON, JOHN  
Address: 17240 NE 22ND CT  
City-St-Zip: CITRA, FL 32113

I hereby 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 all other like empowered.

SIGNATURE: STACI SANDERS

D

03/28/2010

Electronic Signature of Signing Officer or Director

Date