

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED AND FILED**

**95 APR 20 PM 12: 13**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1995**



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

**DOCUMENT # N24927 (8)**

1. Corporation Name  
**CAMBRIDGE GREENS OF CITRUS HILLS PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business      Mailing Address

**2424 N ESSEX AVE  
HERNANDO FL 34442  
US**      **2424 N ESSEX AVE  
HERNANDO FL 34442  
US**

**DO NOT WRITE IN THIS SPACE**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**02/19/1988**      **04/05/1994**

4. FEI Number      Applied For  
**59-2811603**       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution       **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status       **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes       Yes       No

2. Principal Place of Business      2a. Mailing Address

21.      26.      Suite, Apt. #, etc.      Suite, Apt. #, etc.

22.      27.      City & State      City & State

23.      28.      Zip      Country      Zip      Country

24.      25.      29.      30.

9. Name and Address of Current Registered Agent

**ALVAH L COX JR, CPA, P.A.  
2424 N ESSEX AVE  
HERNANDO FL 32842**

10. Name and Address of New Registered Agent

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City      **FL**      B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>JD, PARE, LEO</b>	1.1 TITLE	<b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1085 E HARTFORD ST INVERNESS FL</b>	1.2 NAME	<b>NORMAN CARMICHAEL</b>
STREET ADDRESS		1.3 STREET ADDRESS	<b>1111 N. MEDITERRANEAN WAY</b>
CITY - ST - ZIP		1.4 CITY - ST - ZIP	<b>INVERNESS, FL 34453</b>
TITLE	<b>PD THIBAUT, GERRY</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1430 E HARTFORD ST INVERNESS FL</b>	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<b>TD GEORGE, MANNA</b>	3.1 TITLE	<b>T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1440 E ST JAMES LOOP INVERNESS FL</b>	3.2 NAME	<b>RAYMOND COLLINS</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>1314 N. CHANCE WAY</b>
CITY - ST - ZIP		3.4 CITY - ST - ZIP	<b>INVERNESS, FL 34453</b>
TITLE	<b>DS, PARE, MAY</b>	4.1 TITLE	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1085 E HARTFORD ST HERNANDO FL</b>	4.2 NAME	<b>RICHARD DICKENS</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>1436 E MONOPOLY LOOP</b>
CITY - ST - ZIP		4.4 CITY - ST - ZIP	<b>INVERNESS, FL 34453</b>
TITLE	<b>D, BRAMLET, NANGY</b>	5.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1710 E PACIFIC LANE INVERNESS FL</b>	5.2 NAME	<b>FRANK UDICK</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>1448 E. MONOPOLY LOOP</b>
CITY - ST - ZIP		5.4 CITY - ST - ZIP	<b>INVERNESS, FL 34453</b>
TITLE	<b>V, VALINOT, LORRAINE</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1700 E HARTFORD ST INVERNESS FL</b>	6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 my address.

SIGNATURE: *Raymond J Collins*      x 4/17/95      x 904-746-1400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #