FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # N24927

(8)

CAMBRIDGE GREENS OF CITRUS HILLS PROPERTY OWNERS

ASSOCIATION, INC.										
Principal Place of Business Mailing Address								AN AND EN	(I BIBIT BIBIT IBBI	
2424 N ESS HERNANDO US		2424 N ESSEX AVE HERNANDO FL 34442								
		03				 Date Incorporated or Qualified 02/19/1988 	3a . Da	ate of Last 04/20/		
 1 '	ace of Business	2a. Mailing Address				4. FEI Number	1 17 400 100 101			
21		26				59-2811603				
Suite, Apt.		Suite, Apt. #, etc.	27			5. Certificate of Status Desired	5. Certificate of Status Desired S8.75 Additional Fee Required			
City & State	e	City & State	h			6. Election Campaign Financing \$5.00 May Be				
23 Zip	Country	28 7in	Zip Country			Trust Fund Contribution			d to Fees	
24	25	29	30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
	9. Name and Address of Curre					10. Name and Address of New Registered Agent				
			1	31	Name			-90		
ALVAH L COX JR, CPA, P.A.										
2424 N ESSEX AVE HERNANDO FL 32642				33	Street A	Audiess (F.O. Dox Number is not Acceptable)				
HENNA	NDO FL 32042			_						
			1	14	City		FL	. 1 1 '	p Code	
or register	to the provisions of Sections 617.050: red agent, or both, in the State of Flor th, and accept the obligations of, Sec	ida. Such change was authoriz	ed by the co	e-na npo	amed cor oration's b	poration submits this statement for the purp coard of directors. I hereby accept the appo	ose of cha intment as	nging its r registered	registered office I agent. I am	
SIGNATURE .										
					signature rec	quired when reinstating)	DATE	DIDECTO		
TITLE	OFFICERS AND DIRECTORS V		13.			ADDITIONS/CHANGES TO OFFI		Change		
NAME	CARMICHAEL, NORMAN 11	•		1.2 NAME		VD	L	_] Change	Addition	
STREET ADDRESS	AY	11 14.		-	ADDRESS	PICHARD A. ROBERT	LOOP			
CHTY-ST-ZIP	INVERNESS FL					TNUCKNOSS, FL 34	453			
TIFLE	PD					PD		Change	Addition	
NAME	THIBAULT, GERRY	•		2.2 NAME		FOOTOPICH K. SIMM			Z riconion	
STREET ADDRESS	1430 E HARTFORD ST		2.3 STREET ADDRES		ADDRESS 1	frederick K. Zimm 1590 E. Hartfol	ED S	Τ.		
CITY-ST-ZIP	INVERNESS FL		2. 4 CITY-		T- 71P	INVERNESS, FL 3	445	4453		
TITLE	T DELETE		_	3.1 TITLE		<u> </u>		Change	Addition	
NAME	COLLINS, RAYMOND		3.2 NAME		- 1		_			
STREET ADDRESS	1314 N CHANCE WAY		3 3 STRI	EET A	ADDRESS					
CITY-ST-ZIP	INVERNESS FL		34. CIT	Y- S1	T-ZIP					
TITLE	DS			41 TITLE SE		5D		Change	Addition	
NAME .	Pare, May		4. 2 NA		- l	SHARLES BOUFFICE				
STREET ADDRESS	1885 E HARTFORD ST		4.3 STRI	4.3 STREET ADDRESS //c		CHARLES BOUFFICE 1129 N. CHANCE 1	WAY	•		
CITY-ST-ZIP			4.4 CITY			INVERNESS, FL 344				
TITLE	D DELETE 5.1		5.1 TITL	E		[Change	☐ Addition	
NAME	UDICK, FRANK		5.2 NAM	Æ	- 1					
STREET ADDRESS	1448 E MONOPOLY LOOP		5.3 STR	ET A	ADDRESS				l	
CITY-ST-ZIP	INVERNESS FL		5.4 CITY	-ST	-ZIP					
TITLE	D	DELETE	6.1 TiTL	E				Change	☐ Addition	
NAME	VALINOTI, LORRAINE		6.2 NAW	E	- 1					
STREET ADDRESS	1700 E HARTFORD ST		6.3 STRE	ET A	ADDRESS					
CITY-ST-ZIP	INVERNESS FL	N. D 60	6.4 CITY							
14. I do hereb	y certify that the information supplied.	with this filing is voluntarily furp	ished and do	oes.	not qualif	fy for the exemption stated in Section 119.0	7(3)(k) Flor	ida Statut	es 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 justee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 in changed, or on an attackment with an address.

SIGNATURE:

TATURE AND TYPED OR PRINTED NAME OF BOMBE OF THE OF DIRECTOR

april 22 1996

726-5234