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Principal Place of Business

SIGNATURE:

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 01 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N24927

(8)

Mailing Address

CAMBRIDGE GREENS OF CITRUS HILLS PROPERTY OWNERS ASSOCIATION, INC.

2424 N ESSEX / HERNANDO FL :		2424 N ESSEX AVE HERNANDO FL 34442-5320								
U\$	V4746	US					12 2	<u> </u>		<u>-</u>
						3. Date Incorporated or Qualified 02/19/1988	3a. Dat	04/25		
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number	·A	T	Apr	olied For
21		26				59-2811603			Not	Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		•		dditional
22		27			······································			Fe	e Rec	ulred
City & State		City & State				6. Election Campaign Financing				May Be
23 Zip	Country	28 Zip	Coul	nire		Trust Fund Contribution				Fees
	······································	<u>├</u>		шу		8. This corporation has liability for li		lax und] No	der s.	199.032,
24	25 9. Name and Address of Current	29 Registered Agent	30			10. Name and Address of New Re		_		
	<u> </u>			81	Name	107 1121112 2010 11111111111111111111111	,	7		
ALVALI I	COX JR, CPA, P.A.									
	ESSEX AVE		82 Street A			dress (P.O. Box Number is Not Acceptab	le)			
	DO FL 32642		<u> </u>	83	·····					
HENRY	DO FL 32042		ļ				,			
				84	City		FL	85	Zip C	ode
11. Pursuant to	the provisions of Sections 617.0502	and 617.1508, Florida State	utes, the ab	ove	-named co	rporation submits this statement for the p	urpose of	chano	no its	registered
office or re	gistered agent, or both, in the State of familiar with, and accept the obligation	of Florida. Such change was	s authorized	J by	the corpora	ation's board of directors. I hereby accep	the appo	intmer	nt as r	egistered
_	rtanillar with, and accept the obliga	uons or, section orr.000s, r	nonda stati	ulos	١.					
SIGNATURE _	Signature, typed or printed name of registered agen	i and title if applicable. (NC	OTE: Registered	Age	nt signature regi	uired when reinstating)	DATE			
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIREC	TORS	IN 12
TITLE	VD	DELETE	1.1 Til	LE	V	PD		Cha	nge	Addition
NAME	ROBERT, RICAHRD A		1.2 NA	ME	<u> </u>	HAY E ST JAME.	٠. ٠	V		
STREET ADDRESS	1460 E MONOPOLY LOOP		1.3 \$1	REET	ADDRESS A	1429 E ST TAME.	5 2 %			
CITY-ST-ZIP	INVERNESS FL		1.4 00	Y-SI	T-ZIP	TNUERNESS, FZ &	3445	છ		
TITLE	PD	★ DELETE	2.1 TIT	LE	5	D		Cha	nge	Addition
NAME	ZIMMER, FREDERICK K		2.2 NA	ME	1	DORUTHY PAUCK _				
STREET ADDRESS	1590 E HARTFORD ST		2.3 ST	REET	ADDRESS /	ISRON. Baltic TE	e.	_		
CITY-ST-ZIP	INVERNESS FL		2.4 CI	TY-S	ST-ZIP	INVERNESS, FL 3	445_	<u> </u>		
TITLE	T	☐ DELETE	3.1 TH	LE	P	\D		Cha	nge	☐ Addition
NAME	COLLINS, RAYMOND		3.2 NA	ME						
STREET ADDRESS	1314 N CHANCE WAY		3.3 ST	REET	ADORESS					
CITY-ST-ZIP	INVERNESS FL		3.4. CI					d a		16
TITLE	SD	DELETE	4.1 TIT		7	<u>'</u> A		Cha	nge	Addition
NAME	BOUFFIER, CHARLES		4. 2 N/	ME	7	TOSEPH CANTELLI 876 E. ST. JAMES	10			
STREET ADDRESS	1129 N CHANCE WAY		4.3 ST	REET	ADDRESS /	Bill E . D J. JAMES	·~			
CITY-ST-ZIP	HERNANDO FL	S AND	4.4 CFT	_	. 2011	TNUERNESS, FL 344				K 124
TITLE	D D	DELETE	5.1 TIT		1			Cha	nge	Addition
NAME	UDICK, FRANK		5.2 NA		J	TOHN MENTAS	oC 1 A	0.		
STREET ADDRESS	1448 E MONOPOLY LOOP				ADDRESS /	TOHN MENTAS NISE. ST. JAME INVERNESS, FL 3	MILE	ż		
CITY-ST-ZIP	INVERNESS FL	TT AFFEE	5.4 CH		T-ZIP	INVERNESS, FL 3	∀ ∀ J	<u>フ</u>		T 1 4 3 400
TITLE		☐ DELETE	6.1 TiT			•	ļ	Cha	nge	Addition
NAME			6.2 NA							
STREET ADDRESS					ADDRESS					
CITY OF 71D			E 6 4 6 17	rv ei	7 7HD					

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 coropiration or the receiver of rustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if ghanged, or on an attachment with an address