


FILE NOW: FILING FEE IS \$61.25

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**Apr 28 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N24927 (8)

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

Principal Place of Business 2424 N ESSEX AVE HERNANDO FL 34442 US	Mailing Address 2424 N ESSEX AVE HERNANDO FL 34442 US
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3. Date Incorporated or Qualified
02/19/1988

4. FEI Number 59-2811603	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
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2. Principal Place of Business	2a. Mailing Address
21 Sulte, Apt. #, etc.	26 Sulte, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**ALVAH L COX JR, CPA, P.A.
2424 N ESSEX AVE
HERNANDO FL 32642**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MEYER, PAUL	
STREET ADDRESS	1429 E ST JAMES	
CITY-ST-ZIP	INVERNESS FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	PAUCK, DOROTHY	
STREET ADDRESS	1580 N BALTIC TERRACE	
CITY-ST-ZIP	INVERNESS FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	COLLINS, RAYMOND	
STREET ADDRESS	1314 N CHANCE WAY	
CITY-ST-ZIP	INVERNESS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CANTELLI, JOSEPH	
STREET ADDRESS	1876 E ST JAMES	
CITY-ST-ZIP	INVERNESS FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MENTAS, JOHN	
STREET ADDRESS	1415 E ST JAMES	
CITY-ST-ZIP	INVERNESS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JODI WHEELER	
1.3 STREET ADDRESS	1649 E. ST CHARLES PLACE	
1.4 CITY-ST-ZIP	INVERNESS FL 34453	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MR JOSHUA WOOTEN	
2.3 STREET ADDRESS	1466 E. MONOPOLY LOOP	
2.4 CITY-ST-ZIP	INVERNESS, FL 34453	
3.1 TITLE	DR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ROBERT CARRE	
3.3 STREET ADDRESS	1695 E. ST. JAMES LOOP	
3.4 CITY-ST-ZIP	INVERNESS, FL 34453	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 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 an address.

SIGNATURE: *Joseph Cantelli, Jr.* 4/22/98 352-726-5112

CP2E087 (10/97)