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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N24927

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

403591-90185-2



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

02/19/1988

4. FEI Number

59-2811603

Applied For

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

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

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD  
NAME WHEELER, JODI  
STREET ADDRESS 1643E ST CHARLES PL  
CITY-ST-ZIP INVERNESS FL 34453

TITLE VPD  
NAME WOOTEN, JOSHUA  
STREET ADDRESS 1466 E MONOPOLY LOOP  
CITY-ST-ZIP INVERNESS FL 34553

TITLE D  
NAME CARRE, ROBERT  
STREET ADDRESS 1695 E ST JAMES LOOP  
CITY-ST-ZIP INVERNESS FL 34453

TITLE TD  
NAME CANTELLI, JOSEPH  
STREET ADDRESS 1876 E ST JAMES  
CITY-ST-ZIP INVERNESS FL

TITLE P  
NAME MENTAS, JOHN  
STREET ADDRESS 1415 E ST JAMES  
CITY-ST-ZIP INVERNESS FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VPD  
1.2 NAME JOHN CLARDY  
1.3 STREET ADDRESS 1496 E HARTFORD ST.  
1.4 CITY-ST-ZIP INVERNESS FL 34453

2.1 TITLE PD  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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, with all other like empowered.

SIGNATURE: X

*Signature of Robert Carre*

X 4-7-99

(352)  
746-1400

CR2E037 (11/98)