

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

0087129

03-25-2002 90089 011 \*\*\*\*61.25

**DOCUMENT # N24927**

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2811603

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRAMLET, EDWARD	
STREET ADDRESS	1710 E. PACIFIC LN	
CITY-ST-ZIP	INVERNESS FL 34453	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	WOOTEN, JOSHUA	
STREET ADDRESS	1466 E MONOPOLY LOOP	
CITY-ST-ZIP	INVERNESS FL 34553	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RAMIREZ, ROBERT	
STREET ADDRESS	1710 E. ST JAMES LOOP	
CITY-ST-ZIP	INVERNESS FL 34453	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CANTELLI, JOSEPH	
STREET ADDRESS	1876 E ST JAMES	
CITY-ST-ZIP	INVERNESS FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CLARDY, JOHN	
STREET ADDRESS	1496 E HARTFORD ST	
CITY-ST-ZIP	INVERNESS FL 34453	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOEY, THOMAS	
STREET ADDRESS	1526 E. MONOPOLY LOOP	
CITY-ST-ZIP	INVERNESS FL 34453	

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAT GRATTON	
STREET ADDRESS	1667 E. VENTNOR LN	
CITY-ST-ZIP	INVERNESS FL 34453	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK YETNER	
STREET ADDRESS	1686 MONOPOLY LOOP	
CITY-ST-ZIP	INVERNESS FL 34453	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN CLARDY

3/14/02

352-746-1400

Date

Daytime Phone #

CR2E037 (9/01)