


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90009 030 ****61.25

DOCUMENT # N24927			
1. Entity 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	
2. Principal Place of Business 1344 N. MEDITERRANEAN WAY Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 57 Suite, Apt. #, etc.	
City & State INVERNESS, FL.		City & State HERNANDO, FL.	
Zip 34453		Zip 34442	
Country USA		Country USA	
6. Name and Address of Current Registered Agent - TRINGALI, MICHAEL JOSEPH & COMPANY CPAs, INC. 2450 N CITRUS HILLS BLVD. HERNANDO, FL 32642		7. Name and Address of New Registered Agent Name PAUL C. JAMES, PRES. Street Address (P.O. Box Number is Not Acceptable) 1344 N. MEDITERRANEAN WAY City INVERNESS FL Zip Code 34453	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE TD NAME GRATTON, PAT STREET ADDRESS 1667 E VENTNOR LANE CITY - ST - ZIP INVERNESS, FL 34453	<input checked="" type="checkbox"/> Delete	TITLE TD NAME CHESTER FORBUSH STREET ADDRESS 1425 E. MONOPOLY LOOP CITY - ST - ZIP INVERNESS, FL. 34453	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE PD NAME YETNER, FRANK STREET ADDRESS 1648E MONOPOLY LOOP CITY - ST - ZIP INVERNESS, FL 34553	<input checked="" type="checkbox"/> Delete	TITLE PD NAME JAMES PAUL STREET ADDRESS 1344 N. MEDITERRANEAN WAY CITY - ST - ZIP INVERNESS, FL. 34453	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VD NAME RABENA, FRANK STREET ADDRESS 1774 E PACIFIC LN CITY - ST - ZIP INVERNESS, FL 34453	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME JAMES, PAUL STREET ADDRESS 1344 N MEDITERRANEAN WAY CITY - ST - ZIP INVERNESS, FL 34453	<input checked="" type="checkbox"/> Delete	TITLE SD NAME PARLIMAN, JUDITH STREET ADDRESS 1566 E. ST. CHARLES PLACE CITY - ST - ZIP INVERNESS, FL. 34453	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Paul James, PRES.</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3/25/05 Date	352-637-3633 Daytime Phone #