

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24927

FILED
Apr 14, 2006
Secretary of State

Entity Name: CAMBRIDGE GREENS OF CITRUS HILLS PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1344 N. MEDITERRANEAN WAY
INVERNESS, FL 34453 US

New Principal Place of Business:

1604 N BALTIC TERRACE
INVERNESS, FL 34453 US

Current Mailing Address:

PO BOX 57
HERNANDO, FL 34442 US

New Mailing Address:

FEI Number: 59-2811603 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAMES, PAUL C PRES.
1344 N. MEDITERRANEAN WAY
INVERNESS, FL 34453 US

Name and Address of New Registered Agent:

FLEGAL, CLIFFORD W PRES.
1064 N BALTIC TERRACE
INVERNESS, FL 34453 US

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: CLIFFORD W FLEGAL 04/14/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: FORBUSH, CHESTER
Address: 1475 E. MONOPOLY LOOP
City-St-Zip: INVERNESS, FL 34453

Title: PD () Delete
Name: JAMES, PAUL
Address: 1344 N. MEDITERRANEAN WAY
City-St-Zip: INVERNESS, FL 34453

Title: SD () Delete
Name: PARLIMAN, JUDITH
Address: 1566 E. ST. CHARLES PLACE
City-St-Zip: INVERNESS, FL 34453

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: FORBUSH, CHESTER
Address: 1475 E. MONOPOLY LOOP
City-St-Zip: INVERNESS, FL 34453

Title: PD (X) Change () Addition
Name: FLEGAL, CLIFFORD
Address: 1604 N BALTIC TERRACE
City-St-Zip: INVERNESS, FL 34453

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: RABENA, FRANK
Address: 1774 E PACIFIC LANE
City-St-Zip: INVERNESS, FL 34453

Title: D () Change (X) Addition
Name: LABELLA, PAUL
Address: 1584 E ST CHARLES PLACE
City-St-Zip: INVERNESS, FL 34453

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLIFFORD W FLEGAL PD 04/14/2006
Electronic Signature of Signing Officer or Director Date