

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24927

FILED  
Mar 04, 2007  
Secretary of State

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

**Current Principal Place of Business:**

1604 N BALTIC TERRACE  
INVERNESS, FL 34453 US

**New Principal Place of Business:**

**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:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

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

Title: PD ( ) Delete  
Name: FLEGAL, CLIFFORD  
Address: 1604 N BALTIC TERRACE  
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: D ( ) Delete  
Name: RABENA, FRANK  
Address: 1774 E PACIFIC LANE  
City-St-Zip: INVERNESS, FL 34453

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: SD (X) Change ( ) Addition  
Name: BELCHER, ANN  
Address: 1815 E. ST. JAMES LOOP  
City-St-Zip: INVERNESS, FL 34453

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

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

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 FLEGAL

PD

03/04/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date