

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24927

FILED
Apr 21, 2009
Secretary of State

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

Current Principal Place of Business:

2541 RESTON TERRACE
HERNANDO, FL 34442 US

New Principal Place of Business:

Current Mailing Address:

2541 RESTON TERRACE
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:

VILLAGES SERVICES COOPERATIVE
2541 RESTON TERRACE
HERNANDO, FL 34442 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: WOOTEN, JOSHUA H
Address: 1466 E. MONOPOLY LOOP
City-St-Zip: INVERNESS, FL 34453

Title: PD () Delete
Name: CONTOIS, DENNIS R
Address: 1548 E. ST. CHARLES PLACE
City-St-Zip: INVERNESS, FL 34453

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

Title: TD () Delete
Name: COLLINS, RAYMOND
Address: 1314 N. CHANCE WAY
City-St-Zip: INVERNESS, FL 34453

Title: D () Delete
Name: YETNER, FRANK A
Address: 1648 E. ST. JAMES LOOP
City-St-Zip: INVERNESS, FL 34453

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: MONDELLO, SAL
Address: 1709 E. HARTFORD ST.
City-St-Zip: INVERNESS, FL 34453

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

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

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 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: DENNIS CONTOIS

PD

04/21/2009

Electronic Signature of Signing Officer or Director

_____ Date