

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N33539** (0)

1. Corporation Name

**CAMBRIDGE GREENS OF CITRUS HILLS, FIRST ADDITION, PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business: 6220 W. CORPORATE OAKS DR. CRYSTAL RIVER FL 34429-8723 US  
Mailing Address: 6220 W. CORPORATE OAKS DR. CRYSTAL RIVER FL 34429-8723 US

3. Date Incorporated or Qualified: **08/01/1989**  
3a. Date of Last Report: **04/17/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **59-2963547**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: **ABEL, ERIC D., ESQ. 2450 N CITRUS HILLS BLVD. HERNANDO FL 34442**  
10. Name and Address of New Registered Agent: **81 Name: ROBERT SCHLUMBERGER; 82 Street Address (P.O. Box Number is Not Acceptable): 6220 W. CORPORATE OAKS DR.; 83; 84 City: CRYSTAL RIVER FL; 85 Zip Code: 34429**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Robert Schlu...* **ROBERT SCHLUMBERGER** 4/13/96  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: GRIFFIN, ED	1.1 TITLE: VPD	1.2 NAME: ROBERT TRYAX
STREET ADDRESS: 863 NO. LAFAYETTE	CITY-ST-ZIP: INVERNESS FL	1.3 STREET ADDRESS: 801 N. BERLIN PT.	1.4 CITY-ST-ZIP: INVERNESS FL 34453
TITLE: VTD	NAME: WALLACE, ED	2.1 TITLE: PD	2.2 NAME:
STREET ADDRESS: 1830 E. MONOPLY LOOP	CITY-ST-ZIP: INVERNESS FL 34453	2.3 STREET ADDRESS:	2.4 CITY-ST-ZIP:
TITLE: SD	NAME: HOLBROOK, CHARLES	3.1 TITLE: STD	3.2 NAME: DONALD SINCLAIR
STREET ADDRESS: 739 N. BENNINGTON TERR	CITY-ST-ZIP: INVERNESS FL	3.3 STREET ADDRESS: 819 N. LAFAYETTE WAY	3.4 CITY-ST-ZIP: INVERNESS FL 34453
TITLE: D	NAME: ALLINGHAM, JOAN	4.1 TITLE: D	4.2 NAME: JOSEPH LEVESQUE
STREET ADDRESS: 1724 E MONOPLY LOOP	CITY-ST-ZIP: INVERNESS FL 34453	4.3 STREET ADDRESS: 1882 E. MONOPLY LP.	4.4 CITY-ST-ZIP: INVERNESS FL 34453
TITLE: D	NAME: STRASSNER, MYRON	5.1 TITLE:	5.2 NAME:
STREET ADDRESS: 1680 E MONOPLY LOOP	CITY-ST-ZIP: INVERNESS FL 34453	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
TITLE:	NAME:	6.1 TITLE:	6.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	6.3 STREET ADDRESS:	6.4 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *X Robert C. Tryax* **VP** *Joseph Levesque* **352-795-3691**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)