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Mar 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 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 04/29/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2963547	Applied For Not Applicable
21	26	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Suite, Apt #, etc.	Suite, Apt #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
22	27	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
City & State	City & State		
23	28		
Zip	Country		
24	25		
	29		
	30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ROBERT SCHLUMBERGER 6220 W CORPORATE OAKS DR CRYSTAL RIVER FL 34429		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD ROBERT TRUAX 801 N BERLIN PT INVERNESS FL	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	34453
TITLE	PD <input checked="" type="checkbox"/> DELETE WALLACE, ED 1830 E. MONOPLY LOOP INVERNESS FL	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	MURRAY, WILLIAM
STREET ADDRESS		2.3 STREET ADDRESS	900 N, LAFAYETTE WAY
CITY - ST - ZIP		2.4 CITY - ST - ZIP	INVERNESS FL 34453
TITLE	STD <input type="checkbox"/> DELETE DONALD SINCLAIR 819 N LAFAYETTE WAY INVERNESS FL	3.1 TITLE	ST <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	34453
TITLE	D <input type="checkbox"/> DELETE JOSEPH LEVESQUE 1882 E MONOPOLY LP INVERNESS FL	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	34453
TITLE	D <input type="checkbox"/> DELETE STRASSNER, MYRON 1680 E MONOPLY LOOP INVERNESS FL	5.1 TITLE	VP <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	34453
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, unchanged, or on an attachment with an address.

SIGNATURE: R.C. TRUAX Date: 3-15-97 Daytime Phone #: 352 860 630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)