

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

**FILED**  
**May 13 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N33539 (0)**

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



Principal Place of Business <b>6220 W. CORPORATE OAKS DR. CRYSTAL RIVER FL 34429-8723 US</b>	Mailing Address <b>6220 W. CORPORATE OAKS DR. CRYSTAL RIVER FL 34429-8723 US</b>
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3. Date Incorporated or Qualified <b>08/01/1989</b>	
4. FEI Number <b>59-2963547</b>	Applied For <input type="checkbox"/> Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**ROBERT SCHLUMBERGER  
 6220 W CORPORATE OAKS DR  
 CRYSTAL RIVER FL 34429**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City <b>FL</b> 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	<b>P</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBERT TRUAX</b>	1.2 NAME	
STREET ADDRESS	<b>801 N BERLIN PT</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INVERNESS FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MURRAY WILLIAM</b>	2.2 NAME	
STREET ADDRESS	<b>900 N LAFAYETTE WAY</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INVERNESS FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>ST</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DONALD SINCLAIR</b>	3.2 NAME	
STREET ADDRESS	<b>819 N LAFAYETTE WAY</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INVERNESS FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOSEPH LEVESQUE</b>	4.2 NAME	
STREET ADDRESS	<b>1882 E MONOPOLY LP</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INVERNESS FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VP</b>	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>STRASSNER, MYRON</b>	5.2 NAME	<b>D SOTRINES, DAVID</b>
STREET ADDRESS	<b>1880 E MONOPLY LOOP</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INVERNESS FL</b>	5.4 CITY-ST-ZIP	
TITLE		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 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 (or an attachment) with an address.

SIGNATURE: *[Signature]* **ROBERT TRUAX, Pres.** 4/27/98 352-795-3691

CP2E037 (10/97)