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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N33539

1. Corporation Name

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

* 4 417894 - 90179 - 25

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/01/1989

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2963547

Applied For
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

24 Zip Country

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
	P	ROBERT TRUAX	801 N BERLIN PT INVERNESS FL		TRUAX, ROBERT			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	D	MURRAY WILLIAM	900 N LAFAYETTE WAY INVERNESS FL				34453	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	ST	DONALD SINCLAIR	819 N LAFAYETTE WAY INVERNESS FL		SINCLAIR, DONALD			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	D	JOSEPH LEVESQUE	1882 E MONOPLY LP INVERNESS FL		LEVESQUE, JOSEPH			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	D	SOTRINES, D	1680 E MONOPLY LOOP INVERNESS FL		VP SOTRINES, DAVID			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
							34453	<input type="checkbox"/>	<input type="checkbox"/>

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99
 Date

352-86-1630
 Daytime Phone #

CR2E037 (11/98)