


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90086 039 \*\*\*\*61.25

|   |  |  |  |   |   |
|---|--|--|--|---|---|
| <b>DOCUMENT # N33539</b><br>1. Entity Name<br><b>CAMBRIDGE GREENS OF CITRUS HILLS, FIRST<br/>ADDITION, PROPERTY OWNERS ASSOCIATION, INC.</b>  |  |  |  |  |   |
| Principal Place of Business<br><b>6220 W. CORPORATE OAKS DR.<br/>CRYSTAL RIVER, FL 34429-8723 US</b>  |  |  | Mailing Address<br><b>6220 W. CORPORATE OAKS DR.<br/>CRYSTAL RIVER, FL 34429-8723 US</b>   |   |   |
| 2. Principal Place of Business<br><b>2541 N Reston Terrace</b><br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br><b>2541 N Reston Terrace</b><br>Suite, Apt. #, etc.  |  |   |   |
| City & State<br><b>Hernando, FL</b><br>Zip <b>34442</b> Country   |  | City & State<br><b>Hernando, FL</b><br>Zip <b>34442</b> Country  |  | 4. FEI Number<br><b>59-2963547</b>  |   |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |  |  | Applied For<br><input type="checkbox"/> Not Applicable                            |   |
| 6. Name and Address of Current Registered Agent<br><br><b>ROBERT SCHLUMBERGER<br/>6220 W CORPORATE OAKS DR<br/>CRYSTAL RIVER, FL 34429</b>  |  |  | 7. Name and Address of New Registered Agent<br>Name <b>Cabana &amp; Co Inc</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>2541 N Reston Terrace</b><br>City <b>Hernando</b> <b>FL</b> Zip Code <b>34442</b> |   |   |
| 8. 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. I am familiar with, and accept the obligations of registered agent.<br><br>SIGNATURE <u><i>Robert Schlumberger</i></u> DATE <u>3/2/06</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |  |  |   |   |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | <b>Make check payable to<br/>Florida Department of State</b>                      |   |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>TRUAX, ROBERT<br>801 N BERLIN PT<br>INVERNESS, FL 34453           | <input checked="" type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | D<br>Paul Simek<br>1871 E Allegrie Dr<br>Inverness FL 34453       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>FREDRICKSON, ROBERT<br>1625 E MONOPOLY LP<br>INVERNESS, FL 34453 | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VPD<br>LOWELL, GEORGE<br>1138 N SHORTLINE WY<br>INVERNESS, FL 34453    | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | STD<br>SHERRON, CHARLES<br>1048 N SHORTLINE WY<br>INVERNESS, FL 34453  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>SOTRINES, DAVID<br>804 N BENNINGTON TERR<br>INVERNESS, FL 34453   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>COWIE, ROBERT<br>1680 E MONOPOLY LP<br>INVERNESS, FL 34453        | <input checked="" type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered. |  |  |  |   |   |
| SIGNATURE: <u><i>Charles Sherron</i></u> <b>3/14/05</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #</small>  |  |  |  |   |   |