

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90409 031 ****61.25

DOCUMENT # N33539

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



Principal Place of Business
2541 N RESTON TERR
HERNANDO, FL 34442 US

Mailing Address
2541 N RESTON TERR
HERNANDO, FL 34442 US

40071570



02282007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2963547
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBERT SCHLUMBERGER
CABANNA & CO., INC.
2541 N RESTON TERR
HERNANDO, FL 34442

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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.

SIGNATURE

Robert Schlumberger Cabanna & Co Inc

5/29/07

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
D	SIMEK, PAUL	1871 E ALLEGRIE DR	INVERNESS, FL 34453	<input type="checkbox"/>
PD	FREDRICKSON, ROBERT	1625 E MONOPOLY LP	INVERNESS, FL 34453	<input type="checkbox"/>
VPD	LOWELL, GEORGE	1138 N SHORTLINE WY	INVERNESS, FL 34453	<input type="checkbox"/>
STD	SHERRON, CHARLES	1048 N SHORTLINE WY	INVERNESS, FL 34453	<input type="checkbox"/>
D	SOTRINES, DAVID	804 N BENNINGTON TERR	INVERNESS, FL 34453	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/07

Date

Daytime Phone #