2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2009
Secretary of State

DOCUMENT# N33539

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

Current Principal Place of Business:

2541 N RESTON TERR
HERNANDO, FL 34442 US

New Principal Place of Business:

Current Mailing Address:

2541 N RESTON TERR
HERNANDO, FL 34442 US

New Mailing Address:

FEI Number: 59-2963547 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MICHELLE MAIDLOW
CABANA & CO., INC.
2541 N RESTON TERR
HERNANDO, FL 34442 US

Name and Address of New Registered Agent:

VILLAGES SERVICES COOP
2541 N RESTON TERRACE
HERNANDO, FL 34442 US

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.

SIGNATURE: VILLAGES SERVICES COOP 06/16/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SIMEK, PAUL
Address: 1871 E ALLEGRIE DR
City-St-Zip: INVERNESS, FL 34453

Title: PD ( ) Delete
Name: FREDRICKSON, ROBERT
Address: 1625 E MONOPOLY LP
City-St-Zip: INVERNESS, FL 34453

Title: VPD ( ) Delete
Name: LOWELL, GEORGE
Address: 1138 N SHORTLINE WY
City-St-Zip: INVERNESS, FL 34453

Title: STD ( ) Delete
Name: SHERRON, CHARLES
Address: 1048 N SHORTLINE WY
City-St-Zip: INVERNESS, FL 34453

Title: D ( ) Delete
Name: PRINCE, ROBERT
Address: 1694 E MONOPOLY LOOP
City-St-Zip: INVERNESS, FL 34453

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES SHERRON T 06/16/2009
Electronic Signature of Signing Officer or Director Date