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Apr 24 1998 8:00am
Secretary of State

NONPROFIT ANNUAL REPORT 1998	SECRETARY OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000001392 (8)

1. Corporation Name

CAMBRIDGE COMMONS OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

ATTWOOD PHILLIPS INC
1350 ORANGE AVE
WINTER PARK FL 32789
US

ATTWOOD PHILLIPS INC
P O BOX 1208
WINTER PARK FL 32780-1208
US

2. Principal Place of Business

21 Rocco SALVIA

Suite, Apt. #, etc.

22 1818 NEEDHAM RD

City & State

23 APOKA FL

24 Zip 32712

25 Country USA

2a. Mailing Address

26 Rocco SALVIA

Suite, Apt. #, etc.

27 1818 NEEDHAM RD

City & State

28 APOKA FL

29 Zip 32712

30 Country USA

3. Date Incorporated or Qualified

03/22/1995

4. FEI Number

59-3303795

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ATTWOOD PHILLIPS INC
1350 ORANGE AVE
STE 100
WINTER PARK FL 32789

81 Name Rocco SALVIA

82 Street Address (P.O. Box Number is Not Acceptable)
1818 NEEDHAM RD

83

84 City APOKA

FL

85 Zip Code 32712

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

Rocco Salvia

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

(NOTE: Registered Agent signature required when reinstalling)

April 2, 1998

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☒ DELETE

NAME SMALL, PETE
STREET ADDRESS 380 S. NORTHLAKE BLVD STE 1012
CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE DST ☒ DELETE

NAME KNARESBORO, BOBBY
STREET ADDRESS 380 S. NORTHLAKE BLVD., STE. 1012
CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE DV ☒ DELETE

NAME WATTERS, MARCUS L JR.
STREET ADDRESS 380 S. NORTHLAKE BLVD., STE. 1012
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE PRESIDENT D ☐ Change ☐ Addition

1.2 NAME Rocco SALVIA
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE VICE PRESIDENT D ☐ Change ☐ Addition

2.2 NAME RON STEWART
2.3 STREET ADDRESS 1780 CRANBERRY ISLE WAY
2.4 CITY-ST-ZIP APOKA FL 32712

3.1 TITLE SECRETARY D ☐ Change ☐ Addition

3.2 NAME JANET ROSENBLATT
3.3 STREET ADDRESS 2055 CRANBERRY ISLE WAY
3.4 CITY-ST-ZIP APOKA FL 32712

4.1 TITLE TREASURER D ☐ Change ☐ Addition

4.2 NAME RICHARD ROSENBLATT
4.3 STREET ADDRESS 2055 CRANBERRY ISLE WAY
4.4 CITY-ST-ZIP APOKA FL 32712

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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 if changed, or on an attachment with an address.

SIGNATURE:

Rocco Salvia

3-11-98

884-7070

CR2E037 (10/97)