

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001156

Entity Name: THE STRAND MASTER PROPERTY OWNERS ASSOCIATION, INC.**FILED**
Apr 11, 2018
Secretary of State
CC6732567147**Current Principal Place of Business:**C/O CAMBRIDGE PROPERTY MANAGEMENT
2335 TAMIAMI TRAIL NORTH SUITE 402
NAPLES, FL 34103**Current Mailing Address:**C/O CAMBRIDGE PROPERTY MANAGEMENT
2335 TAMIAMI TRAIL NORTH SUITE 402
NAPLES, FL 34103 US**FEI Number: 59-3473780****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CAMBRIDGE PROPERTY MANAGEMENT
C/O CAMBRIDGE PROPERTY MANAGEMENT
2335 TAMIAMI TRAIL NORTH SUITE 402
NAPLES, FL 34103 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name POLIZZOTTO, ROBERT
Address C/O CAMBRIDGE PROPERTY
MANAGEMENT
2335 TAMIAMI TRAIL NORTH SUITE
402
City-State-Zip: NAPLES FL 34103

Title TREASURER
Name GUTHRIE, TOM
Address C/O CAMBRIDGE PROPERTY
MANAGEMENT
2335 TAMIAMI TRAIL NORTH SUITE
402
City-State-Zip: NAPLES FL 34103

Title PRESIDENT
Name MULGREW, SUSAN
Address C/O CAMBRIDGE PROPERTY
MANAGEMENT
2335 TAMIAMI TRAIL NORTH SUITE
402
City-State-Zip: NAPLES FL 34103

Title VICE PRESIDENT
Name ANDERSON, LISLE
Address C/O CAMBRIDGE PROPERTY
MANAGEMENT
2335 TAMIAMI TRAIL NORTH SUITE
402
City-State-Zip: NAPLES FL 34103

Title SECRETARY
Name WREDE, KATY
Address C/O CAMBRIDGE PROPERTY
MANAGEMENT
2335 TAMIAMI TRAIL NORTH SUITE
402
City-State-Zip: NAPLES FL 34103

Title DIRECTOR
Name PARISI, DIANE
Address C/O CAMBRIDGE PROPERTY
MANAGEMENT
2335 TAMIAMI TRAIL NORTH SUITE
402
City-State-Zip: NAPLES FL 34103

I hereby 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 all other like empowered.

SIGNATURE: SUSAN MULGREW**PRESIDENT****04/11/2018**

Electronic Signature of Signing Officer/Director Detail

Date