2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# 725579

Entity Name: CAMBRIDGE CLUB, INC.

Current Principal Place of Business:

1044 CASTELLO DRIVE #206
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

1044 CASTELLO DRIVE #206
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 59-1719677 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOUTHWEST PROPERTY MANAGEMENT
1044 CASTELLO DRIVE, SUITE #206
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	T	( ) Delete
Name:	EMRICK, LEWIS	
Address:	333 FOURTH AVENUE SOUTH #104	
City-St-Zip:	NAPLES, FL 34102	
Title:	V	( ) Delete
Name:	DELANEY, EDWIN	
Address:	333 FOURTH AVENUE SOUTH #201	
City-St-Zip:	NAPLES, FL	
Title:	P	( ) Delete
Name:	GAVIN, JOAN	
Address:	333 FOURTH AVE, SOUTH #204	
City-St-Zip:	NAPLES, FL 34102	
Title:	S	( ) Delete
Name:	JONES, PAT	
Address:	333 4TH AVE S, #106	
City-St-Zip:	NAPLES, FL 34102	
Title:	D	( ) Delete
Name:	INFANTE, CELESTE	
Address:	333 4TH AVE. SO., #305	
City-St-Zip:	NAPLES, FL 34102	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	DELANEY, EDWIN	
Address:	333 FOURTH AVENUE SOUTH #201	
City-St-Zip:	NAPLES, FL	
Title:	P	(X) Change ( ) Addition
Name:	GAVIN, JOAN	
Address:	333 FOURTH AVE, SOUTH #202	
City-St-Zip:	NAPLES, FL 34102	
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: JOAN GAVIN P 03/31/2009

Electronic Signature of Signing Officer or Director — Date