


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90357 016 \*\*\*\*61.25

<b>DOCUMENT # 746037</b> 1. Entity Name <b>CAMBRIDGE HOUSE OF PORT CHARLOTTE - A CONDOMINIUM, INC.</b>					
Principal Place of Business <b>CHARLOTTE SQUARE CONDOMINIUMS MANAGER'S OFFICE 2296 AARON ST. PORT CHARLOTTE, FL 33952-5354</b>				Mailing Address <b>CHARLOTTE SQUARE CONDOMINIUMS MANAGER'S OFFICE 2296 AARON ST. PORT CHARLOTTE, FL 33952-5354</b>	
2. Principal Place of Business <i>Charlotte Square Condo</i>				3. Mailing Address <i>Charlotte Square Condo</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02132006    Chg-NP    CR2E037 (11/05)	
City & State		City & State		4. FEI Number <b>59-2013469</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GANDT, FRANK 21260 BRINSON AVENUE UNIT 305 PORT CHARLOTTE, FL 33952</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BAINBRIDGE, RON 21260 BRINSON AVE #107 PORT CHARLOTTE, FL 33952	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice President Leth, Delores 21260 BRINSON Ave # 215 Port Charlotte, FL 33952</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, STAN 21260 BRINSON AVE., #312 PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i> DAY, LANCE 21260 BRINSON AVE., #106 PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Treasurer</i> GANDT, FRANK 21260 BRINSON AVE., UNIT 304 PUNTA GORDA, FL 33951	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOLPE, MARCIE 21260 BRINSON AVE., #114 PORT CHARLOTTE, FL 33952	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STEIN, ROZ 21260 BRINSON AVE., #301 PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <i>Lance Day</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <i>4-24-06</i> Daytime Phone #	

**60029516**

