

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2008 8:00 am
Secretary of State

08-26-2008 90001 024 ****61.25

DOCUMENT # N00000003967					
1. Entity Name CAMBRIDGE PLACE AT CROWN COLONY HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business PARK AVENUE PROPERTY MGMT, INC. 10961 BONITA BEACH ROAD BONITA SPRINGS, FL 34135			Mailing Address PARK AVENUE PROPERTY MGMT, INC. 10961 BONITA BEACH ROAD BONITA SPRINGS, FL 34135		
2. Principal Place of Business - No P.O. Box # P+M Property Mgmt Suite, Apt. #, etc. 14360 S. Tamiami TR #B		3. Mailing Address P+M Property Mgmt Suite, Apt. #, etc. 14360 S. Tamiami TR #B			
City & State Fort Myers FL		City & State Fort Myers FL		4. FEI Number 59-3726994	
Zip 33912		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PARK AVENUE PROPERTY MGMT, LLC 10961 BONITA BEACH ROAD BONITA SPRINGS, FL 34135				7. Name and Address of New Registered Agent Name _____ 14360 S. Tamiami Trail • Unit B Fort Myers, Florida 33912	
8. The above named entity submits this statement for the purpose of changing its registered agent.					
SIGNATURE: <u>Paul J. Sapp</u> (NOTE: Registered Agent signature required when reinstating) DATE: _____					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE T NAME LEO, BOB STREET ADDRESS 16432 CROWN ARBOR WAY CITY-ST-ZIP FORT MYERS, FL 33908	<input type="checkbox"/> Delete				
TITLE 1VP NAME TRUSK, JAMES STREET ADDRESS 8921 DARTMOOR WAY CITY-ST-ZIP FORT MYERS, FL 33908	<input type="checkbox"/> Delete				
TITLE 2VP NAME SHERMAN, JIM STREET ADDRESS 8851 KING HENRY CT CITY-ST-ZIP FORT MYERS, FL 33908	<input type="checkbox"/> Delete				
TITLE S NAME SPOTTS, DOUGLAS STREET ADDRESS 16412 CROWN ARBOR WAY CITY-ST-ZIP FORT MYERS, FL 33908	<input type="checkbox"/> Delete				
TITLE P NAME SYSKA, ANDREW J STREET ADDRESS 8916 DARTMOOR WAY CITY-ST-ZIP FORT MYERS, FL 33908	<input type="checkbox"/> Delete				
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete				
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete				
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete				
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete				
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete				
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.					
SIGNATURE: <u>Andrew J. Syska</u> 14 Aug 2008 239-466-0741					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					