

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90095 018 ****61.25

DOCUMENT # N00436

1. Entity Name

**CAMBRIDGE A OF KINGS POINT CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business

**STERLING MANAGEMENT
1701B RICKENBACKER DR
SUN CITY CENTER FL 33573**

Mailing Address

**STERLING MANAGEMENT
1701B RICKENBACKER DR
SUN CITY CENTER FL 33573**

50050033



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2155908

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DE FURIO, JAMES R ESQ
101 E KENNEDY BLVD
STE 3000
TAMPA FL 33602**

**Law Offices of James R. De Furio, P.A.
201 East Kennedy Boulevard
Suite 1460
Tampa, Florida 33602**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BLASTIC, JEANNIE	
STREET ADDRESS	1901 CANTERBURY LANE #11	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	JACKSON, ELLEN	
STREET ADDRESS	1901 CANTERBURY LN #15	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HOYT, JAMES	
STREET ADDRESS	1901 CANTERBURY LN A-18	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FREDA, GABRIELLE	
STREET ADDRESS	1901 CANTERBURY LN A-8	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Johnstone, Arthur	
STREET ADDRESS	1901 Canterbury Ln. A-3	
CITY-ST-ZIP	Sun City Center, FL 33573	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Clark, Richard	
STREET ADDRESS	1901 Canterbury Ln. A-14	
CITY-ST-ZIP	Sun City Center, FL 33573	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Blastic, Jeanie	
STREET ADDRESS	1901 Canterbury Ln. A-11	
CITY-ST-ZIP	Sun City Center, FL 33573	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cornyn, William	
STREET ADDRESS	1901 Canterbury Ln. A-8	
CITY-ST-ZIP	Sun City Center, FL 33573	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

James A. Hoyt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James A. Hoyt

05-02-05 633-4910
Date Daytime Phone #