


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01528</b> 1. Entity Name CAMBRIDGE CENTRE COMMUNITY ASSOCIATION, INC.	
--	---

Principal Place of Business C/O STEVE KAHN 227 EAST VIRGINIA STREET TALLAHASSEE, FL 32301	Mailing Address C/O STEVE KAHN P.O. BOX 10032 TALLAHASSEE, FL 32302-2032
--	---



01102005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FCI Number 59-2402290	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  HUSZAGH, LEE 249 E. VIRGINIA ST. TALLAHASSEE, FL 32301
---

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, in pen or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MCLEAN, LES 2920 KERRY FOREST PKWY TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD KAHN, STEVE 204 SOUTH MONROE STREET TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HUSZAGH, LEE 249 EAST VIRGINIA STREET TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U00000304406 04/14/05-80042-007 61.25</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
---

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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>  <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>4/12/05</b> <small>Date</small>	<b>(850) 681-6422</b> <small>Daytime Phone #</small>
---	---------------------------------------	---