2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# N01528

Entity Name: CAMBRIDGE CENTRE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

C/O STEVE KAHN
227 EAST VIRGINIA STREET
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

C/O STEVE KAHN
P.O. BOX 10032
TALLAHASSEE, FL 323022032

New Mailing Address:

FEI Number: 59-2402290 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUSZAGH, LEE
249 E. VIRGINIA ST.
TALLAHASSEE, FL 32301 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: PD ( ) Delete
Name: WILLIAMS, JOHN
Address: 211 EAST VIRGINIA STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: SD ( ) Delete
Name: KAHN, STEVE
Address: 204 SOUTH MONROE STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: TD ( ) Delete
Name: GRASS, BEN
Address: 335 NORTH MONROE STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: VD ( ) Delete
Name: BRYANT, MARGARET
Address: 331 NORTH MONROE STREET
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: STEVE KAHN SD 01/06/2009
Electronic Signature of Signing Officer or Director — Date