

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 08, 2008 8:00 am**  
**Secretary of State**

02-08-2008 90041 041 \*\*\*\*61.25

DOCUMENT # N02000003031

1. Entity Name

CAMBRIDGE VILLAGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

692 NEUMANN VILLAGE CT  
OCOE FL 34761

Mailing Address

P.O. BOX 577  
OCOE FL 34761



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3708787

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

DOTSON, ANGELA L please delete  
692 NEUMANN VILLAGE CT  
OCOE FL 34761

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

*Handwritten Signature*

(NOTE: Registered Agent signature is required when reappointing)

DATE

1-30-08

FILE NOW FEE IS \$61.25

Due By May 1, 2008

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	SEC	<input checked="" type="checkbox"/> Delete
NAME	RODMIGUEZ, NATIVIDAD	
STREET ADDRESS	628 NEUMANN VILLAGE CT	
CITY-ST-ZIP	OCOE FL 34761	
TITLE	P	<input type="checkbox"/> Delete
NAME	MORRIS, STANLEY	
STREET ADDRESS	683 NEUMANN VILLAGE COURT	
CITY-ST-ZIP	OCOE FL 34761	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SINGH, DEO	
STREET ADDRESS	683 NEUMANN VILLAGE CT	
CITY-ST-ZIP	OCOE FL 34761	
TITLE	T	<input type="checkbox"/> Delete
NAME	DEWDEY, NEVILLE	
STREET ADDRESS	680 NEUMANN VILLAGE COURT	
CITY-ST-ZIP	OCOE FL 34761	
TITLE	ASST	<input checked="" type="checkbox"/> Delete
NAME	BLINDER, JEFF	
STREET ADDRESS	680 NEUMANN VILLAGE CT	
CITY-ST-ZIP	OCOE FL 34761	
TITLE		<input type="checkbox"/> Delete
NAME	Catherine Hall	
STREET ADDRESS	584 Newmann Village Ct Ocoee	
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Natividad became a	
STREET ADDRESS	vice president of the HOA	
CITY-ST-ZIP		
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	No longer in the association	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Please add Jack Kendrick	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Please delete no longer	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	She is our new Secretary	
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Handwritten Signature* 1-30-08