2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003031

FILED Mar 20, 2009 Secretary of State

Entity Name: CAMBRIDGE VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

692 NEUMANN VILLAGE CT OCOEE, FL 34761

Current Mailing Address: New Mailing Address:

P.O. BOX 577 OCOEE, FL 34761

FEI Number: 59-3708787 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DOTSON, ANGELA L

692 NEUMANN VILLAGE CT

OCOEE, FL 34761 US

MORRIS, STANLEY E

683 NEUMANN VILLAGE CT

OCOEE, FL 34761 US

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: STANLEY MORRIS 03/20/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: T (X) Change () Addition Name: MORRIS, STANLEY Name: DEWDEY, NEVILLE Address: 683 NEUMANN VILLAGE COURT Address: 680 NEUMANN VILLAGE COURT

City-St-Zip: OCOEE, FL 34761 City-St-Zip: OCOEE, FL 34761

Title: T () Delete Title: S (X) Change () Addition Name: DEWDEY, NEVILLE Name: HALL, CATHERINE

Name. DEWDET, NEVILLE Name. HALL, CATHERINE
Address: 680 NEUMANN VILLAGE COURT Address: 583 NEUMANN VILLAGE COURT

Address. 560 Neolylanin Village Cook i Address. 563 Neolylanin Village Cook i

City-St-Zip: OCOEE, FL 34761 City-St-Zip: OCOEE, FL 34761

Title: () Delete Title: VP () Change (X) Addition

Name: RODRIGUEZ, NATIVIDAD
Address: 628 NEUMANN CILLAGE COURT

City-St-Zip: City-St-Zip: OCOEE, FL 34761

Title: () Delete Title: A () Change (X) Addition

Name: Name: KENDRICK, JACK

Address: Address: 673 NEUMANN VLLAGE COURT

City-St-Zip: City-St-Zip: OCOEE, FL 34761

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: STANLEY MORRIS P 03/20/2009