

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006085

FILED  
Feb 25, 2006  
Secretary of State

**Entity Name:** THE COVES OF CAMBRIDGE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

3974 TAMPA ROAD  
SUITE B  
OLDSMAR, FL 34677

**New Principal Place of Business:**

2414 SHIRECREST COVE WAY  
LUTZ, FL 33558

**Current Mailing Address:**

P.O. BOX 2157  
OLDSMAR, FL 34677

**New Mailing Address:**

P.O. BOX 2407  
LAND O LAKES, FL 34639

**FEI Number:** 14-1854607

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HANSON, JACK B  
3974 TAMPA ROAD  
SUITE B  
OLDSMAR, FL 34677 US

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

KRUEGER, RICHARD E  
2243 SHIRECREST COVE WAY  
LUTZ, FL 33558 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: RICHARD E KRUEGER

02/25/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HULL, KURT  
Address: 116 FLAGSHIP DRIVE  
City-St-Zip: LUTZ, FL 33549

Title: D ( ) Delete  
Name: STOLTZFUS, ALBERTA  
Address: 116 FLAGSHIP DRIVE  
City-St-Zip: LUTZ, FL 33549

Title: D ( ) Delete  
Name: KRUEGER, DICK  
Address: 2243 SHIRECREST COVE WAY  
City-St-Zip: LUTZ, FL 33558

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: JENNINGS, CHRISTINE  
Address: 2301 SHIRECREST COVE WAY  
City-St-Zip: LUTZ, FL 33558

Title: D (X) Change ( ) Addition  
Name: CEREMNO, DONALD  
Address: 2346 SHIRECREST COVE WAY  
City-St-Zip: LUTZ, FL 33558

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

Title: D ( ) Change (X) Addition  
Name: PRESSLEY, KEITH  
Address: 2230 SHIRECREST COVE WAY  
City-St-Zip: LUTZ, FL 33558

Title: D ( ) Change (X) Addition  
Name: AMORELLI, ROXANNE  
Address: 2237 SHIRECREST COVE WAY  
City-St-Zip: LUTZ, FL 33558

I hereby certify that the information supplied with this filing does not qualify for the 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: RICHARD E KRUEGER

D

02/25/2006

Electronic Signature of Signing Officer or Director

Date