

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90049 044 ****61.25

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1. Entity Name

CAMBRIDGE MEWS OF ST. ANDREWS EAST
ASSOCIATION, INC.



Principal Place of Business

Mailing Address

722 SHAMROCK BLVD
VENICE FL 34293

722 SHAMROCK BLVD
VENICE FL 34293



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

51-0564659

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LATTMANN, STEPHEN E
722 SHAMROCK BLVD
VENICE FL 34293

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering.)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY	ST	ZIP		TITLE	NAME	STREET ADDRESS	CITY	ST	ZIP	
	PD	LATTMANN, STEPHEN E	722 SHAMROCK BLVD	VENICE	FL	34293	<input type="checkbox"/> Delete						<input type="checkbox"/> Change <input type="checkbox"/> Addition
	STD	SULLIVAN, PAMELA	722 SHAMROCK BLVD	VENICE	FL	34293	<input checked="" type="checkbox"/> Delete						<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	VPD	BRADY, RICHARD	722 SHAMROCK BLVD	VENICE	FL	34293	<input type="checkbox"/> Delete						<input type="checkbox"/> Change <input type="checkbox"/> Addition
							<input type="checkbox"/> Delete						<input type="checkbox"/> Change <input type="checkbox"/> Addition
							<input type="checkbox"/> Delete						<input type="checkbox"/> Change <input type="checkbox"/> Addition
							<input type="checkbox"/> Delete						<input type="checkbox"/> Change <input type="checkbox"/> Addition
							<input type="checkbox"/> Delete						<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen E. Lattmann 1/22/07 (941) 497-2353

Date

Daytime Phone #