


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90320 050 ****61.25

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| DOCUMENT # N05815 | |  |
| 1. Entity Name CAMBRIDGE K CONDOMINIUM ASSOCIATION, INC. | | |

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| Principal Place of Business 1701-B RICKENBACKER DRIVE SUN CITY CENTER, FL 33573 US | Mailing Address 1701-B RICKENBACKER DRIVE SUN CITY CENTER, FL 33573 US |
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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

02062006 Chg-NP CR2E037 (11/05)

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|--|-------------------------------|
| 4. FEI Number 59-2155952 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | | | |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| LAW OFFICES OF JAMES R. DE FURIO, P.A. 201 EAST KENNEDY BOULEVARD SUITE 1460 TAMPA, FL 33602 | | 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | |
|---|---|--|
| Filing Fee is \$61.25 Due by May 1, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | PD ARNIO, ARYO. <input type="checkbox"/> Delete 1908 CANTERBURY LN K7 SUN CITY CENTER, FL 33573 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD Beyer, Dorothy <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1908 Canterbury Ln. K-16 Sun City Center, FL 33573 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD MEKULEN, MARGARET <input type="checkbox"/> Delete 1908 CANTERBURY LANE, K25 SUN CITY CENTER, FL 33573 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD Arnio, Irene <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1908 Canterbury Ln. K-7 Sun City Center, FL 33573 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD SCHULTZ, JUDY <input checked="" type="checkbox"/> Delete 1908 CANTERBURY LN K15 SUN CITY CENTER, FL 33573 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Collins, Harold <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1908 Canterbury Ln. K-22 Sun City Center, FL 33573 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD SCHULTZ, JOHN <input checked="" type="checkbox"/> Delete 1908 CANTERBURY LANE K-15 SUN CITY CENTER, FL 33573 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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 Chapter 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: Arno Arnio 3-17-06 633-5372
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #