

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12894

FILED
Apr 01, 2009
Secretary of State

Entity Name: CAMBRIDGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

508 S GLEN AVENUE
UNIT 5
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

508 S GLEN AVENUE
UNIT 5
TAMPA, FL 33609

New Mailing Address:

FEI Number: 20-1063871

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROTHFUSS, CARA M
508 SOUTH GLEN AVE
5
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

MANNERS, ANNE M
508 SOUTH GLEN AVE
1
TAMPA, FL 33609 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: ANNE MANNERS

04/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LUNDY, MICHAEL L
Address: 508 S GLEN AVENUE, UNIT 6
City-St-Zip: TAMPA, FL 33609

Title: TREA () Delete
Name: ROTHFUSS, CARA
Address: 508 S GLEN AVENUE, UNIT 4
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: SCHROEDER, EMILY
Address: 508 S. GLEN AVENUE, UNIT 2
City-St-Zip: TAMPA, FL 33609

Title: VPS (X) Delete
Name: NEWBERG, JOSH
Address: 508 S. GLEN AVENUE, UNIT 3
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MANNERS, ANNE M
Address: 508 S GLEN AVENUE, UNIT 1
City-St-Zip: TAMPA, FL 33609

Title: TREA (X) Change () Addition
Name: EMILY, SCHROEDER
Address: 508 S GLEN AVENUE, UNIT 2
City-St-Zip: TAMPA, FL 33609

Title: S (X) Change () Addition
Name: NEWBERG, JOSH
Address: 508 S. GLEN AVENUE, UNIT 3
City-St-Zip: TAMPA, FL 33609

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

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: ANNE MANNERS

PD

04/01/2009

Electronic Signature of Signing Officer or Director

Date