

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90080 006 \*\*\*\*61.25

**DOCUMENT # N93000002306**

1. Entity Name

**CAMBRIDGE COMMONS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**QUALIFIED PROP MGMT  
10730 U S HWY 19 STE 17  
PORT RICHEY FL 34668  
US**

Mailing Address

**10730 U S HWY 19  
QUALIFIELD PROP MGMT  
NEW PORT RICHEY FL 34668  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

**59-3190662**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**PEATE, RUSS  
10730 U S HWY 19  
STE 19  
PORT RICHEY FL 34668**

7. Name and Address of New Registered Agent

Name

**B**

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

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

TITLE PD  
NAME MUHICH, VERONICA ☐ Delete  
STREET ADDRESS 9014 ARUNDLE PL  
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE VD  
NAME ACUFF, PATRICIA ☐ Delete  
STREET ADDRESS 9036 WARWICK LANE  
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE SD  
NAME SMITH, EDWARD ☐ Delete  
STREET ADDRESS 9014 SEVERN LANE  
CITY-ST-ZIP NEW PT RICHEY FL

TITLE ~~PD~~  
NAME ~~THEURINGER, BARBARA~~ ☒ Delete  
STREET ADDRESS ~~9034 ARUNDLE PLACE~~  
CITY-ST-ZIP ~~NEW PT RICHEY FL~~

TITLE ~~TD~~  
NAME ~~MONTGOMERY, GEORGE~~ ☒ Delete  
STREET ADDRESS ~~9050 ARUNDLE PLACE~~  
CITY-ST-ZIP ~~NEW PT RICHEY FL~~

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **TD**  
STREET ADDRESS **Marquart, Arthur**  
CITY-ST-ZIP **9025 Arundle Place**  
**New Port Richey, FL**

TITLE ☐ Change ☒ Addition  
NAME **D**  
STREET ADDRESS **Tucholski, Jessie**  
CITY-ST-ZIP **9024 Ramsgate Drive**  
**New Port Richey, FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Veronica A. Muhich*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**127-375-7363**