

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90011 034 \*\*\*\*61.25

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<b>DOCUMENT # N93000002306</b>					
<b>1. Entity Name</b> CAMBRIDGE COMMONS CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> QUALIFIED PROP MGMT 10730 U S HWY 19 STE 17 PORT RICHEY, FL 34668 US			<b>Mailing Address</b> 10730 U S HWY 19 QUALIFIELD PROP MGMT NEW PORT RICHEY, FL 34668 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01062006 Chg-NP CR2E037 (11/05)	
<b>4. FEI Number</b> 59-3190662				<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  PEATE, RUSS- 10730 U S HWY 19 STE 19 PORT RICHEY, FL 34668			<b>7. Name and Address of New Registered Agent</b> Name Qualified Property Management, Inc. Street Address (P.O. Box Number is Not Acceptable) 10730 U.S. 19, Suite 17 City Port Richey FL Zip Code 34668		
<b>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.</b>  SIGNATURE  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD <b>NAME</b> MUHICH, VERONICA --- <input checked="" type="checkbox"/> Delete <b>STREET ADDRESS</b> 9014 ARUNDLE PL --- <b>CITY-ST-ZIP</b> NEWPORT RICHEY, FL ---	<b>TITLE</b> PD <b>NAME</b> Theuringer, Barbara <b>STREET ADDRESS</b> 10730 U.S. 19, Suite 17 <b>CITY-ST-ZIP</b> Port Richey, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b> VB <b>NAME</b> ACUFF, PATRICIA --- <input checked="" type="checkbox"/> Delete <b>STREET ADDRESS</b> 9036 WARWICK LANE --- <b>CITY-ST-ZIP</b> NEWPORT RICHEY, FL ---	<b>TITLE</b> VD <b>NAME</b> Wood, Richard <b>STREET ADDRESS</b> 10730 U.S. 19, Suite 17 <b>CITY-ST-ZIP</b> Port Richey, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b> SB <b>NAME</b> SMITH, EDWARD --- <input checked="" type="checkbox"/> Delete <b>STREET ADDRESS</b> 9014 SEVERN LANE <b>CITY-ST-ZIP</b> NEWPORT RICHEY, FL ---	<b>TITLE</b> SD <b>NAME</b> Tucholski, Jessie <b>STREET ADDRESS</b> 10730 U.S. 19, Suite 17 <b>CITY-ST-ZIP</b> Port Richey, FL <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b> TB <b>NAME</b> MARQUAERT, ARTHUR --- <input checked="" type="checkbox"/> Delete <b>STREET ADDRESS</b> 9025 ARUNDLE PLACE --- <b>CITY-ST-ZIP</b> NEWPORT RICHEY, FL ---	<b>TITLE</b> TD <b>NAME</b> DiMaria, Mickey <b>STREET ADDRESS</b> 10730 U.S. 19, Suite 17 <b>CITY-ST-ZIP</b> Port Richey, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b> TD <b>NAME</b> MONTGOMERY, GEORGE <b>STREET ADDRESS</b> 9050 ARUNDLE PLACE --- <b>CITY-ST-ZIP</b> NEWPORT RICHEY, FL --- <input checked="" type="checkbox"/> Delete	<b>TITLE</b> D <b>NAME</b> O'Donnell, Dermot <b>STREET ADDRESS</b> 10730 U.S. 19, Suite 17 <b>CITY-ST-ZIP</b> Port Richey, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b> D <b>NAME</b> TUCHOLSKI, JESSIE <b>STREET ADDRESS</b> 9024 RAMSGATE DRIVE <b>CITY-ST-ZIP</b> NEWPORT RICHEY, FL --- <input type="checkbox"/> Delete	<b>TITLE</b> D <b>NAME</b> TUCHOLSKI, JESSIE <b>STREET ADDRESS</b> 9024 RAMSGATE DRIVE <b>CITY-ST-ZIP</b> NEWPORT RICHEY, FL --- <input type="checkbox"/> Delete				
<b>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.</b>					
<b>SIGNATURE:</b>			2/7/06 727-372 6151 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					