

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90013 048 ****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 QUALIFIED PROP MGMT NEW PORT RICHEY, FL 34668 US		
2. Principal Place of Business - No P.O. Box # 40 Goldstar Mgmt Co		3. Mailing Address ← SAME			
Suite, Apt. #, etc. 2435 US 19 #270		Suite, Apt. #, etc.			
City & State Holiday FL		City & State		4. FEI Number 59-3190662	
Zip 34691		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01032007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent QUALIFIED PROPERTY MANAGEMENT, INC. 10730 U S 19 STE 17 STE 19 PORT RICHEY, FL 34668			7. Name and Address of New Registered Agent Name: Jeffrey Wlm Street Address (P.O. Box Number is Not Acceptable): 40 Goldstar Mgmt Co 2435 US 19 #270 City: Holiday FL Zip Code: 34691		
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: <u>Jeffrey Wlm</u> <u>2/7/07</u> <small>Signature of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 THEURINGER, BARBARA 10730 US 19 STE 17 NEW PORT RICHEY, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9031 Arundle Place 34655	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WOOD, RICHARD 10730 US 19 STE 17 NEW PORT RICHEY, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9052 Arundle Place 34655	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TUCHOLSKI, JESSIE 10730 US 19 STE 17 NEW PT RICHEY, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	50 LUCILLA FUSCO 9014 WARRICK LN NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DIMARIA, MICKEY 10730 US 19 STE 17 NEW PT RICHEY, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4830 Troon Ln 34655	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'DONNELL, DERMOT 10730 US 19 STE 17 NEW PT RICHEY, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9025 Arundle Place 34655	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUCHOLSKI, JESSIE 9024 RAMSGATE DRIVE NEW PORT RICHEY, FL	<input checked="" 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: <u>Barbara Theuringer</u> <u>2/7/07</u> (727) 372-6151 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					