

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006231

FILED
Apr 29, 2005
Secretary of State

Entity Name: CAMBRIDGE COVE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

3434 COLWELL AVE.
SUITE 200
TAMPA, FL 33614 US

New Principal Place of Business:

Current Mailing Address:

3434 COLWELL AVE.
SUITE 200
TAMPA, FL 33614 US

New Mailing Address:

FEI Number: 59-3378643

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, PETE
3434 COLWELL AVE.
SUITE 200
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

RIZZETTA & COMPANY, INC.
3434 COLWELL AVE.
SUITE 200
TAMPA, FL 33614 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: WILLIAM J. RIZZETTA

04/29/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: MORROW, DAVID
Address: 4309 FAIRCOURT DR.
City-St-Zip: VALRICO, FL 33594

Title: PD () Delete
Name: UNDERWOOD, GERALD
Address: 1103 LINFORD CT
City-St-Zip: VALRICO, FL 33594

Title: DS () Delete
Name: DUPRE, IRVING
Address: 1206 GOLF MEADOW BLVD
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: DUPRE, IRVING
Address: 1206 GOLF MEADOW BOULEVARD
City-St-Zip: VALRICO, FL 33594

Title: S (X) Change () Addition
Name: HOPKINS, TERRY
Address: 1207 GOLF MEADOW BOULEVARD
City-St-Zip: VALRICO, FL 33594

I hereby certify that the information supplied with this filing does not qualify for the 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 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: IRVING DUPRE

P

04/29/2005

Electronic Signature of Signing Officer or Director

Date