

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006231

FILED
Apr 22, 2008
Secretary of State

Entity Name: CAMBRIDGE COVE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

3434 COLWELL AVENUE
SUITE 200
TAMPA, FL 33614 US

New Principal Place of Business:

5844 OLD PASCO ROAD
SUITE 100
WESLEY CHAPEL, FL 33544 US

Current Mailing Address:

3434 COLWELL AVENUE
SUITE 200
TAMPA, FL 33614 US

New Mailing Address:

5844 OLD PASCO ROAD
SUITE 100
WESLEY CHAPEL, FL 33544 US

FEI Number: 59-3378643

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIZZETTA & COMPANY, INC.
3434 COLWELL AVENUE
SUITE 200
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

RIZZETTA & COMPANY, INC.
5844 OLD PASCO ROAD
SUITE 100
WESLEY CHAPEL, FL 33544 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:

04/22/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: S () Delete
Name: BEQUETTE, RICHARD
Address: 4301 GLENDON PLACE
City-St-Zip: VALRICO, FL 33594

Title: T () Delete
Name: CAMPODONICO, JULIO
Address: 4335 GLENDON PLACE
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: IRVING DUPRE

P

04/22/2008

Electronic Signature of Signing Officer or Director

Date