

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N95000001392 (8)**

1. Corporation Name

**CAMBRIDGE COMMONS OWNERS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**380 SOUTH NORTHLAKE BLVD.  
SUITE 1012  
ALTAMONTE SPRINGS FL 32701**

**380 SOUTH NORTHLAKE BLVD.  
SUITE 1012  
ALTAMONTE SPRINGS FL 32701**

3. Date Incorporated or Qualified  
**03/22/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **Attwood-Phillips, Inc.**

26 **Attwood-Phillips, Inc.**

22 **1350 Orange Ave**

27 **P.O. Box 1208**

23 **Winter Park, FL**

28 **Winter Park FL**

24 **32789** 25 **US**

29 **32790-1208** 30 **US**

4. FEI Number

**59-3303795**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DWORKIN, JEFFREY L  
380 SOUTH NORTHLAKE BLVD.  
SUITE 1012  
ALTAMONTE SPRINGS FL 32701**

81 **Attwood-Phillips, Inc.**  
82 **Street Address (P.O. Box Number is Not Acceptable)**  
**1350 Orange Avenue Suite 100**  
83  
84 **Winter Park** 85 **FL** 86 **32789**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0502, Florida Statutes.

SIGNATURE

*[Signature]* **JANELLE WADE** **4/19/96**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	DWORKIN, JEFFREY	
STREET ADDRESS	380 S. NORTHLAKE BLVD., STE. 1012	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	PETERS, LESLIE J	
STREET ADDRESS	380 S. NORTHLAKE BLVD., STE. 1012	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	WATTERS, MARCUS L JR.	
STREET ADDRESS	380 S. NORTHLAKE BLVD., STE. 1012	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>D.P</b>
4.3 STREET ADDRESS	<b>PETE SMALL</b>
4.4 CITY-ST-ZIP	<b>380 S. NORTHLAKE BLVD., STE. 1012 ALTAMONTE SPRINGS, FL 32701</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>D.S.T</b>
5.3 STREET ADDRESS	<b>LEIGH TARULLO</b>
5.4 CITY-ST-ZIP	<b>380 S. NORTHLAKE BLVD., STE 1012 ALTAMONTE SPRINGS, FL 32701</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**407-337-4114**

CR2E037 (12/95)