

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 90372 017 \*\*\*\*61.25

**DOCUMENT # N95000001392**

1. Entity Name

**CAMBRIDGE COMMONS OWNERS ASSOCIATION, INC.**

Principal Place of Business

**ROCCO SALVIA**  
**1818 NEEDHAM RD**  
**APOPKA FL 32712**  
**US**

Mailing Address

**4004 EDGEWATER DR.**  
**ORLANDO FL 32804-2837**  
**US**

**550834**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**225 S. Westmonte Drive**

3. Mailing Address

**P.O. Box 161606**

Suite, Apt. #, etc.

**Suite 2050**

Suite, Apt. #, etc.

City & State

**Altamonte Springs, FL**

City & State

**Altamonte Springs, FL**

4. FEI Number

**59-3303795**

Applied For

Not Applicable

Zip

**32714**

Country

**USA**

Zip

**32716-1606**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WOMACK, ELLEN R**  
**225 S. WESTMONTE DRIVE, SUITE 2050**  
**ALTAMONTE SPRINGS FL**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete  
 NAME **ROCCO SALVIA**  
 STREET ADDRESS **1818 NEEDHAM RD**  
 CITY-ST-ZIP **APOPKA FL 32712**

TITLE **VPD** ☒ Delete  
 NAME **FORAKER, ALAN**  
 STREET ADDRESS **1800 NEEDHAM RD**  
 CITY-ST-ZIP **APOPKA FL 32712**

TITLE **ST** ☒ Delete  
 NAME **ROSENBLATT, RICHARD**  
 STREET ADDRESS **2055 CRANBERRY ISLE WAY**  
 CITY-ST-ZIP **APOPKA FL 32712**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Change ☒ Addition  
 NAME **Evie Gemmel**  
 STREET ADDRESS **1891 Needham Road**  
 CITY-ST-ZIP **Apopka, FL 32712**

TITLE **DVP** ☐ Change ☒ Addition  
 NAME **Dee McClanahan**  
 STREET ADDRESS **2068 Cranberry Isles Way**  
 CITY-ST-ZIP **Apopka, FL 32712**

TITLE **DST** ☐ Change ☒ Addition  
 NAME **Joyce Hudson**  
 STREET ADDRESS **1897 Needham Road**  
 CITY-ST-ZIP **Apopka, FL 32712**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:** *[Signature]*

05-06-01 (407) 880-8741

CR2E037 (10/00)