2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001377

FILED Mar 16, 2009 Secretary of State

Entity Name: CAMBRIDGE VILLAS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

13911 N DALE MABRY HWY SUITE 7Q 201A

TAMPA, FL 33618 NEW PORT RICHEY, FL 34652

Current Mailing Address: New Mailing Address:

13911 N DALE MABRY HWY 5901 US 19 SUITE 201A SUITE 7Q

TAMPA, FL 33618 NEW PORT RICHEY, FL 34652

FEI Number: 59-3657509 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DLG ASSOC. SERV., INC. QUALIFIED PROPERTY MANAGEMENT, INC 5901 US 19 13911 N DALE MABRY HWY

201A SUITE 7Q

TAMPA, FL 33618 US NEW PORT RICHEY, FL 34652 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: MARY WHITE 03/16/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

HANSEN, SANDY HANSEN, SANDY Name: Name: 10032 BUCKLIN ST. Address: 5901 US 19 SUITE 7Q Address:

City-St-Zip: TAMPA, FL 33624 City-St-Zip: NEW PORT RICHEY, FL 34652

() Delete Title: **VDP** Title: (X) Change () Addition CARBONELL, RUBY Name: CARBONELL, RUBY Name:

Address: 6615 PULLEN CT. Address: 5901 US 19 SUITE 7Q City-St-Zip: TAMPA, FL 33624 City-St-Zip: NEW PORT RICHEY, FL 34652

Title: () Delete Title: SD (X) Change () Addition CROSS, EMORY SWILLEY, RODNEY Name: Name:

10014 BUCKLIN ST. 5901 US 19 SUITE 7Q Address: Address: City-St-Zip: TAMPA, FL 33625 City-St-Zip: NEW PORT RICHEY, FL 34652

(X) Change () Addition Title: TD () Delete Title: TD

SWILLEY, RODNEY SWILLEY, RODNEY Name: Name: 10032 BUCKLIN ST. Address: Address: 5901 US 19 SUITE 7Q City-St-Zip: TAMPA, FL 33624 City-St-Zip: NEW PORT RICHEY, FL 34652

Title: () Delete Title: () Change (X) Addition

RODOCKER, JUDITH Name: Name: 5901 US 19 SUITE 7Q Address: Address: NEW PORT RICHEY, FL 34652 City-St-Zip: 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: MARY WHITE **AGEN** 03/16/2009