

**2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Aug 17, 2010**  
**Secretary of State**

DOCUMENT# N99000001377

**Entity Name:** CAMBRIDGE VILLAS HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**5901 US 19  
SUITE 7Q  
NEW PORT RICHEY, FL 34652**New Principal Place of Business:****Current Mailing Address:**5901 US 19  
SUITE 7Q  
NEW PORT RICHEY, FL 34652**New Mailing Address:****FEI Number:** 59-3657509**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**QUALIFIED PROPERTY MANAGEMENT, INC  
5901 US 19  
SUITE 7Q  
NEW PORT RICHEY, FL 34652 US**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** PD  
**Name:** HANSEN, SANDY  
**Address:** 10032 BUCKLIN STREET  
**City-St-Zip:** TAMPA, FL 34652**Title:** SD  
**Name:** SWILLEY, RODNEY  
**Address:** 10032 BUCKLIN STREET  
**City-St-Zip:** TAMPA, FL 34652**Title:** TD  
**Name:** SWILLEY, RODNEY  
**Address:** 10032 BUCKLIN STREET  
**City-St-Zip:** TAMPA, FL 34652**Title:** D  
**Name:** RODOCKER, JUDITH  
**Address:** 6615 PULLEN COURT  
**City-St-Zip:** TAMPA, FL 33625**Title:** VP  
**Name:** CARBONELL, RUDY  
**Address:** 6615 PULLEN COURT  
**City-St-Zip:** TAMPA, FL 33625

I hereby 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 all other like empowered.

SIGNATURE: MARY A WHITE

CEO

08/17/2010

Electronic Signature of Signing Officer or Director

Date