2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 29, 2000 8:00 am Secretary of State DOCUMENT # N9900003087 1. Entity Name KAMBRIDGE SUBDIVISION HOMEOWNERS' ASSOCIATION, I 03-29-2000 90027 005 ****61.25 Principal Place of Business Mailing Address 1807 REBECCA ROAD 1807 REBECCA ROAD LUTZ FL 33549-4531 LUTZ FL 32693 Principal Place of Business 3. Mailing Address O, Box DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 3306442 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Legget Jr Wrald Street Address (P.O. Box Number is Not Acceptable) ROBERTSON, NORMAN prive 5650 SW COUNTY RD. 313 TRENTON FL 32693 City ·UT2 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10.430 030 30 OFFICERS AND DIRECTORS 11. Delete ☐ Addition TITLE TITLE Doe Moses NAME NAME ROBERTSON, NORMAN 17608 Kombrude Bint Drive STREET ADDRESS STREET ADDRESS 5650 SW COUNTY RD 313 CITY-ST-ZIP LUTZ, FL 33549 CITY-ST-ZIP TRENTON FL 32693 ☐ Change Addition Delete TITLE TITLE Scott Mann ROBERTSON, EDWINNA NAME NAME 703 Carlsplatz Cour STREET ADORESS STREET ADDRESS 5650 SW COUNTY RD 313 CITY-ST-7IP LUTZ, PL 33549 CITY-ST-ZIP TRENTON FL 32693 ☐ Addition TITLE Change Delete TITLE Jonathan Wither NAME NAME HOBBS, HARRY M 814 Bransenbury Way STREET ADDRESS 3719 SWANN AVE STREET ADDRESS Lutz, FL 33549 CITY ST-ZIP CITY-ST-ZIP TAMPA FL 33549 Change Addition ☐ Delete TITLE TITLE Don Leggett Jn NAME NAME STREET ADDRESS 17606 Kambridge Point Drive STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LUTZ FL 33549 ☐ Delete Change Addition TITLE Nancy Smith 803 Brankenburg Way NAME STREET ADDRESS STREET ADDRESS Lutz, FL 33549 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE Ronald Kimble NAME NAME 17614 Kambridge Point Drive STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP LUTZ, FL 33549

12. I hereby certify that the information supplied with this filling 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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

3-H-00

(8)3) 949-1692

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