2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

GNING OFFICER OR DIRECTOR

May 01, 2001 8:00 am Secretary of State DOCUMENT # N9900003087 1. Entity Name KAMBRIDGE SUBDIVISION HOMEOWNERS' ASSOCIATION, I 05-01-2001 90033 025 ****61.25 Principal Place of Business Mailing Address PO BOX 33 PO BOX 33 **LUTZ FL 33548 LUTZ FL 33548** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3306442 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) LEGGETT, DONALD JR 17606 KAMBRIDGE POINT DRIVE **LUTZ FL 33849** こてつ 8. The above named entity-submits this statement for the approse of changing its registered office or registered agent, or both, in the state of Florida FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. DP Delete CR2E037 (10/00) TITLE TITLE Ponald beggett In ROBERTSON, NORMAN NAME NAME 11606 Kambrige Point Drive STREET ADDRESS 5650 SW COUNTY RD 313 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP wtz, IFL 33549 TRENTON FL 32693 TITLE Change TITLE NAME ROBERTSON, EDWINNA NAME Ronald II. Rimble STREET ADDRESS 5650 SW COUNTY RD 313 STREET ADDRESS 17614 Kindredy lower Drus CITY-ST-ZIP CITY-ST-ZIP LT2, FL 33549 TRENTON FL 32693 Addition TITLE TITLE ☐ Change JUBURAN MUSUS NAME HOBBS, HARRY M 17608 Kambudy Point Drive STREET ADDRESS STREET ADDRESS 3719 SWANN AVE CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33549 ∠** Addition TITLE ☐ Delete TITLE Change Scott Mann NAME NAME 703 Canlsplitz Court STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP んげった うつうもの Z Addition TITLE Change TITLE ☐ Delete Jonginan William NAME NAME 814 Drantenberg Way STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P 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.

FILED