2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000003087

1. Entity Name
KAMBRIDGE SUBDIVISION HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PO BOX 33 LUTZ, FL 33548	PO BOX 33 LUTZ, FL 33548

04152006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-3306442
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LEGGETT, DONALD JR
17606 KAMBRIDGE POINT DRIVE
LUTZ, FL 33548

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LEGGETT, DONALD JR
STREET ADDRESS	17606 KAMBRIDGE POINT DRIVE
CITY-ST-ZIP	LUTZ, FL 33548
TITLE	DT
NAME	KIMBLE, RONALD H
STREET ADDRESS	17614 KAMBRIDGE POINT DRIVE
CITY-ST-ZIP	LUTZ, FL 33548
TITLE	DS
NAME	COPETAS, CHRIS
STREET ADDRESS	711 BRANTENBURG WAY
CITY-ST-ZIP	LUTZ, FL 33548
TITLE	DV
NAME	TOELLER, DON
STREET ADDRESS	801 BRANTENBERG WAY
CITY-ST-ZIP	LUTZ, FL 33548
TITLE	D
NAME	JOWERS, ARWREQ
STREET ADDRESS	704 BRANTENBURG WAY
CITY-ST-ZIP	LUTZ, FL 33548
TITLE	D
NAME	FERLITA, ANGELO
STREET ADDRESS	804 BRANTENBURG WAY
CITY-ST-ZIP	LUTZ, FL 33548

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05/06/06-80094-013 61.25

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12. *I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Ronald H. Kimble Ronald H. Kimble 4-12-06 813-878-3991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #