2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR DOCUMENT # N9900003087

1. Entity Name

KAMBRIDGE SUBDIVISION HOMEOWNERS' ASSOCIATION, I



Mar 17, 2003 8:00 am Secretary of State 03-17-2003 90666 048 ****61.25

FILED

NC. 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. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-3306442 Applied For Not Applicable Zip Country Zip 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 Name LEGGETT, DONALD JR Street Address (P.O. Box Number is Not Acceptable) 17606 KAMBRIDGE POINT DRIVE **LUTZ FL 33548** City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE ? 9. Election Campaign Financing FILE NOW: FEE IS \$61,25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Defete TITLE ☐ Addition Leggett, Donald Jr NAME NAME STREET ADDRESS 17606 KAMBRIDGE POINT DRIVE STREET ADDRESS CITY-ST-ZIP **LUTZ FL 33548** CITY-ST-ZIP ĎΤ ☐ Delete TITLE Change ☐ Addition KIMBLE, RONALD H NAME NAME 17614 KAMBRIDGE POINT DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LUTZ FL 33548 CITY-ST-7IP TITLE Change Addition Delete --TITLE --- - --MOSES, JOSEPH NAME NAME STREET ADDRESS 17608 KAMBRIDGE POINT DRIVE STREET ADDRESS CITY-ST-ZIP **LUTZ FL 33548** CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition MANN, SCOTT NAME NAME STREET ADDRESS 703 CARLSPLITZ COURT STREET ADDRESS CITY-ST-ZIP **LUTZ FL 33548** 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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

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DS

WITTNER, JONATHAN

LUTZ FL 33548

COPETAS, CHRIS

LUTZ FL 33548

814 BRANTENBURG WAY

711 BRANTENBURG WAY

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

☐ Delete

☐ Delete

813-878-3991

☐ Change

☐ Change

☐ Addition

☐ Addition