


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90263 031 ****61.25

DOCUMENT # N99000007463 1. Entity Name CAMBRIDGE SQUARE CONDOMINIUM OWNER'S ASSOCIATION, INC.	
---	---

Principal Place of Business 3431 PINE RIDGE ROAD SUITE 101 NAPLES, FL 34109 US	Mailing Address 3050 N. HORSESHOE DR SUITE 172 NAPLES, FL 34104 US
--	--

90021220



01102005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3548540	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent PARRISH, JON D 3431 PINE RIDGE ROAD SUITE 101 NAPLES, FL 34109	DO NOT WRITE IN THIS SPACE
--	---------------------------------------

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

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PARRISH, JON D 3431 PINE RIDGE ROAD NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRANT, GLENN 3455 PINE RIDGE RD SUITE 101 NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GATES, TODD 5405 PARK CENTRAL COURT NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Parrish
2/28/05 239 403 4006
Date Daytime Phone #