

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2008 8:00 am**  
**Secretary of State**

02-21-2008 90020 025 \*\*\*\*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**

40029152



02042008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3548540**

Applied For  
Not Applicable

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

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	PARRISH, JON D
STREET ADDRESS	3431 PINE RIDGE ROAD
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	DVP
NAME	GRANT, GLENN
STREET ADDRESS	3455 PINE RIDGE RD SUITE 101
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	D
NAME	GATES, TODD
STREET ADDRESS	5405 PARK CENTRAL COURT
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	DT
NAME	KLINGENBERG, MARTIN
STREET ADDRESS	3461 PINE RIDGE RD
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/08 239 403 4006

Date

Daytime Phone #