FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000061457 (5)**

1. Corporation Name
CAMBRIDGE COMMUNITIES, INC.

Principal Place of Business
~~6738 LONE OAK BLVD.~~
~~NAPLES FL 33942~~

Mailing Address
~~6738 LONE OAK BLVD.~~
~~NAPLES FL 33942~~

3. Date Incorporated or Qualified: 08/16/1994
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 2073 J & C Boulevard
22 Suite, Apt. #, etc.
23 City & State: Naples, Florida
24 Zip: 33942
25 Country: USA

2a. Mailing Address
26 2073 J & C Boulevard
27 Suite, Apt. #, etc.
28 City & State: Naples, Florida
29 Zip: 33942
30 Country: USA

4. FEI Number: 65-0521126 — Applied For / Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
WALLACE, STUART M
~~6738 LONE OAK BLVD.~~
~~NAPLES FL 33942~~

10. Name and Address of New Registered Agent
81 Name: Stuart M. Wallace
82 Street Address (P.O. Box Number is Not Acceptable): 2073 J & C Boulevard
83
84 City: Naples FL
85 Zip Code: 33942

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Stuart M Wallace
Signature (typed or printed) of registered agent and title if applicable (NOTE: Registered Agent signature required if not previously filed)
DATE: April 2, 1996

12. OFFICERS AND DIRECTORS

TITLE	DPS	☐ DELETE
NAME	WALLACE, STUART M	
STREET ADDRESS	~~6738 LONE OAK BLVD.~~	
CITY-ST-ZIP	~~NAPLES FL 33942~~	
TITLE	DVT	☐ DELETE
NAME	SLAVICH, WILLIAM	
STREET ADDRESS	~~6738 LONE OAK BLVD.~~	
CITY-ST-ZIP	~~NAPLES FL 33942~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPS	XX Change ☐ Addition
1.2 NAME	WALLACE, STUART M.	
1.3 STREET ADDRESS	2073 J & C Boulevard	
1.4 CITY-ST-ZIP	Naples, Florida 33942	
2.1 TITLE	DVT	XX Change ☐ Addition
2.2 NAME	SLAVICH, WILLIAM	
2.3 STREET ADDRESS	2073 J & C Boulevard	
2.4 CITY-ST-ZIP	Naples, Florida 33942	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Stuart M Wallace
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Stuart M. Wallace, President
Date: 4-2-96
Daytime Phone #: (941) 514-0333

CR2E034 (12/95)