FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P94000061457 (5)

CAMBRIDGE COMMUNITIES, INC.

FILED Mar 27 1998 8:00am Secretary of State



Principal Place							
2073 J & C B	OULEVARD	2073 J & C BLVD					
NAPLES FL 34	1109	NAPLES FL 34109				DO NOT WRITE IN THIS SPACE	
US		US	US			3. Date Incorporated or Qualified	
9 Principal Pl	ace of Business	2a. Mailing Address	_			08/16/1994 4. FEI Number Applied For	
	ace of Busiliess	├ - ¬	h			T. PP. Market	
Suite, Apt. :	# ata	Suite Apt # etc	Suite, Apt. #, etc.			65-0521126 Not Applicable \$8.75 Additional	
	#, 0 (G.	 	27			5. Certificate of Status Desired Fee Regulred	
City & State			City & State				
_ ·	,	<u> </u>	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country		Zip Country			8. This corporation owes or has paid the current year Intangible	
24	25	29	30	,		Personal Property Tax due June 30. Yes No	
E4		Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
еп	JART M. WALLACE			81	Name		
	3 J & C BOULEVARD						
			82 Street		Street A	Address (P.O. Box Number is Not Acceptable)	
NAI	PLES FL 34109		ŀ	83			
				84	City	85 Zip Code	
44.5	10	0500 007 4500 5114- 0				• • • • • • • • • • • • • • • • • • •	
office or re	io the provisions of Sections 607. eg iste red agent, or both, in the S	late of Florida. Such change w	vas authorized	d by	the corp	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	
agent. I ar	m familiar with, and accept the ol	bligations of, Section 607.0505	5, Florida State	utes			
SIGNATURE .			# OFF B			e required when reinstating) DATE	
Signature, typed or ponted name of registered agent and title if applicable (NOTE: Registe 12. OF FICERS AND DIRECTORS 13				s Ape	nt signature	e required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	DELETÉ		ri F		Change Addition	
NAME	WALLACE, STUART M			1.2 NAME			
1	2073 J & C BOULEVARD		1	1.3 STREET ADDRESS			
STREET ADDRESS	NAPLES FL			1.4 City-St-Zip			
CITY-ST-ZIP TITLE				21 TITLE		Change Addition	
1	BLAVICH, WILLIAM			2.2 NAME			
NAME	2073 J & C BOULEVARD		23 STRE		*DD0266		
STREET ADDRESS	NAPLES FL						
CITY-SY-ZIP				2 4 CITY-ST-ZIP 3.1 TITLE		Change Addition	
TITLE			_				
NAME			3.2 NA				
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP	DELETE			3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition	
TITLE	<u> </u>			4.1 III.E 4.2 NAME			
NAME			P P		ADDOS A		
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP	00.575			A CITY-ST-ZIP		Change Addition	
TITLE	LI OELETE			5.1 TITLE		C change C volution	
NAME			5.2 NA				
STREET ADDRESS			B B		ADDRESS		
CITY-ST-ZIP		D per eve	5.4 CII		r-ziP	Channe Ladesine	
TITLE		DELETE				☐ Change ☐ Addition	
NAME			6.2 NA		ļ		
STREET ADDRESS			6.3 ST	REET	ADDRESS		
CITY-ST-ZIP			6.4 CII			ord in Contine 119 07/9V/) Florida Statutes I further certify that the information	
a a Ibarabira	authoritan and the information occupation	المريم الممر مممام ممثلثة منطة والاثبر ام	iitu tar tha ava		con ninte	ad in Castian 110 D7(9)(i) Florida Ctatutos I further cortifu that the information I	

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 informatio 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 express.