

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 707705 (0)
1. Corporation Name
THE CAMBRIDGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
**1710 SOUTH OCEAN BOULEVARD
APT. #1 - SOUTH BUILDING
DELRAY BEACH FL 33483**

3. Date Incorporated or Qualified **08/14/1964** 3a. Date of Last Report **02/07/1995**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

4. FEI Number **NOT APPLICABLE** 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
**SPINNER, JOHN W.
501 EAST ATLANTIC AVENUE
DELRAY BCH. FL 33483**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | PD HILL <input type="checkbox"/> DELETE | 1.1 TITLE | P.O. PETER MANTOVI <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HIPP, ROGER | 1.2 NAME | |
| STREET ADDRESS | 1710 S OCEAN BLVD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | DELRAY BEACH FL | 1.4 CITY-ST-ZIP | |
| TITLE | VTD <input type="checkbox"/> DELETE | 2.1 TITLE | VTD JAMES F. WHITE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WHITE, JAMES F. | 2.2 NAME | |
| STREET ADDRESS | 1710 S. OCEAN BLVD. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | DELRAY BCH. FL | 2.4 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 3.1 TITLE | SD <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ADAMS, ELIZABETH | 3.2 NAME | DIANNE RENNIE |
| STREET ADDRESS | 1710 S. OCEAN BLVD. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | DELRAY BCH. FL | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James F. White **JAMES F. WHITE** Date _____ Daytime Phone # _____

CR2E037 (12/95)