

FILE NOW: FILING FEE IS \$61.25

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May 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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
1710 SOUTH OCEAN BOULEVARD APT. #1 - SOUTH BUILDING DELRAY BEACH FL 33483-6573

3. Date Incorporated or Qualified 08/14/1964
3a. Date of Last Report 03/04/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 c/o M.J. Gallup
22 City & State 27 235 NE 6th Ave Ste D
23 Zip Country 28 Delray Beach, Fl
24 25 29 33483 30 Palm Beach

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 M. J. Gallup
82 Street Address (P.O. Box Number is Not Acceptable) 235 NE 6th Ave Ste D
83
84 City Delray Beach FL 85 Zip Code 33483

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: M. J. Gallup (Signature: typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when installing) DATE: 4/29/97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MANTOVI, PETER	
STREET ADDRESS	1710 S OCEAN BLVD	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	WHITE, JAMES F.	
STREET ADDRESS	1710 S. OCEAN BLVD.	
CITY-ST-ZIP	DELRAY BCH. FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	RENNIE, DIANNE	
STREET ADDRESS	1710 S. OCEAN BLVD.	
CITY-ST-ZIP	DELRAY BCH. FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Mantovi, Peter	
1.3 STREET ADDRESS	1710 S. Ocean Blvd	
1.4 CITY-ST-ZIP	Delray Beach, Fl	
2.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Hill, Roger W. Jr	
2.3 STREET ADDRESS	1710 S. Ocean Blvd	
2.4 CITY-ST-ZIP	Delray Beach, Fl	
3.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Rennie, William	
3.3 STREET ADDRESS	1710 S. Ocean Blvd	
3.4 CITY-ST-ZIP	Delray Beach, Fl	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: [Signature] DATE: 4/29/97 (561) 276-9561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE # 0044795

CR2E037 (9/96)