

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

99 JUL 27 PM 2:56

FLORIDA DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 707705 ✓

1. Corporation Name
 THE CAMBRIDGE CONDOMINIUM ASSOCIATION, INC.

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

Mailing Address
 C/O M J GALLUP
 235 NE 6TH AVE STE D
 DELRAY BEACH FL 33483
 US



4/2/99 90010025 \$11.75

21. Principal Place of Business Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.	3. Date Incorporated or Qualified 08/14/1964
22. City & State	27. City & State	4. FEI Number NOT APPLICABLE
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent GALLUP, M J 235 NE 6TH AVE STE D DELRAY BCH. FL 33483	10. Name and Address of New Registered Agent 81 Name James F. White 82 Street Address (P.O. Box Number is Not Acceptable) 1710 S. Ocean Blvd 83 Delray Bch 84 City Delray Bch FL 85 Zip Code 33483
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11. Pursuant to the provisions of Sections 617.0502 and 617.0508, 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: *James F. White* James F. White 7-12-99
Signature of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD MANTOV PETER	1.1 TITLE	Pres/D PETER MANTOVIE
NAME	MANTOV PETER	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	PD HILL, ROGER	2.1 TITLE	VP/T/D James F. White
NAME	HILL, ROGER	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	STD RENNIE, DIANNE	3.1 TITLE	S/D Roger Kane
NAME	RENNIE, DIANNE	3.2 NAME	
STREET ADDRESS	1710 S. OCEAN BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH. FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 in an attachment with an address, with all other like empowered.

SIGNATURE: *James F. White* James F. White 7-12-99
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E037 (5/99)