ANNUM ANNUM 1 DOCUM 1. Corporation	Name	•	Harris í State	FILED 99 JUL 27 PH 2: 56 10. C. A. P. C. STATE 10. C. A. P. C. FLORIDA
THE CAMBRIDGE CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 1710 SOUTH OCEAN BOULEVARD C/O M J GALLUP APT. #1 - SOUTH BUILDING 235 NE 6TH AVE STE D DELRAY BEACH FL 33483 DELRAY BEACH FL 33483				
2. Principal Pla 21 Suite, Apt. #		2a. Mailing Address 26 Suite, Apt. #, etc.		4 2 99 900 0 0 0 0 0 0 0 0 0 0 0 0 0
City & State 23		City & State 28 Zip Country		NOT APPLICABLE 5. Certificate of Status Desired 6. Election Campaign Financing \$5.00 May Be
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name GALLUP, M J 235 NE 6TH AVE STE D DELRAY BCH. FL 33483 83 Delray Bch. 10. Name and Address of New Registered Agent 61 Name 7 Name 10. Name and Address of New Registered Agent 61 Name 7 Name 7 Name 7 Name 7 Name 7 Name 82 Street Address (P.O. Box Number is Not Acceptable) 7 Name 83 Delray Bch.				
SIGNATURE	o the provisions of Sections 617.050 gistered agent, or both, in the State in familial with, and accept the beings signeture specific printed name of restured specific	nauce Jan	the above-named corized by the corpor a Statutes	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered 7-12-91
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANTOWEPETER 1710 S OCEAN BLVD DELRAY BEACH FL	ID DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 14 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICE MANUTOVI & Change Addition OFFICE MANUTOVI & Change Addition OFFICE MANUTOVI & Change Addition OFFICE MANUTOVI & Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HILL, ROGER 1710 S. OCEAN BLVD. DELRAY BCH. FL	N DELETE		VP/T/D James F. White
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RENNIE, DIANNE 1710 S. OCEAN BLVD. DELRAY BCH. FL	द्धि⊅सी€ग्रह	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Roger Kane Dehange Dadnion
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	active that the information constinutes	DELETE	8.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Change Addition
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 philhyland indicated on this annual report or suppliemental annual report is true and accust and that my signature shall have the same legal effect as if made under oath; they highly all officer or director of the corporation of 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: SIGNATURE Date Dayline Proce				