


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 707705**  
 1. Entity Name  
**THE CAMBRIDGE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**1710 SOUTH OCEAN BOULEVARD**      **1710 SOUTH OCEAN BOULEVARD**  
**DELRAY BEACH, FL 33483**              **DELRAY BEACH, FL 33483 US**

**DO NOT WRITE IN THIS SPACE**



01142005 No Chg-NP      CR2E037 (10/03)

4. FEI Number      Applied For  
**65-0692546**               Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MANTOV, PETER**  
**1710 SOUTH OCEAN BLVD**  
**APT 1 NORTH**  
**DELRAY BEACH, FL 33483**

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

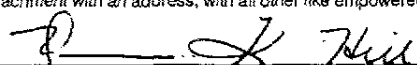
10. OFFICERS AND DIRECTORS

TITLE	VTD
NAME	BENNETT, JOYCE
STREET ADDRESS	1710 S OCEAN BLVD., APT. 1 SOUTH
CITY - ST - ZIP	DELRAY BEACH, FL 33483
TITLE	PD
NAME	MANTOVI, PETER
STREET ADDRESS	1710 S OCEAN BLVD APT 1 NORTH
CITY - ST - ZIP	DELRAY BEACH, FL 33483
TITLE	SD
NAME	HILL, VIVIAN
STREET ADDRESS	1710 S OCEAN BLVD APT 2 SOUTH
CITY - ST - ZIP	DELRAY BEACH, FL 33483
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1100000186106  
 01/21/05-80043-022 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **1/14/05** **561 278-3061**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #