2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 707705

1. Entity Name
THE CAMBRIDGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
1710 SOUTH OCEAN BOULEVARD
DELRAY BEACH, FL 33483

Mailing Address
1710 SOUTH OCEAN BOULEVARD
DELRAY BEACH, FL 33483 US

DO NOT WRITE IN THIS SPACE

01222006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0692546

Applied For
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

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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 ______________________________

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

Filing Fee is $61.25
Due by May 1, 2006

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	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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02/11/06-80022-008 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Vivian K. Hill Secretary 1/22/06 561 278-3061

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #