


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90015 031 ****70.00

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			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 65-0692546	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
MANTOV, PETER 1710 SOUTH OCEAN BLVD APT 1 NORTH DELRAY BEACH, FL 33483		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		City			
		FL		Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and the fee applicable. (NOTE: Registered Agent Signature required when reinstating)</small>					
Filing Fee is \$81.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VTD	<input type="checkbox"/> Delete	TITLE	S, T, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, JOYCE		NAME		
STREET ADDRESS	1710 S OCEAN BLVD., APT. 1 SOUTH		STREET ADDRESS		
CITY - ST - ZIP	DELRAY BEACH, FL 33483		CITY - ST - ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANTOVI, PETER		NAME		
STREET ADDRESS	1710 S OCEAN BLVD APT 1 NORTH		STREET ADDRESS		
CITY - ST - ZIP	DELRAY BEACH, FL 33483		CITY - ST - ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, VIVIAN		NAME		
STREET ADDRESS	1710 S OCEAN BLVD APT 2 SOUTH		STREET ADDRESS		
CITY - ST - ZIP	DELRAY BEACH, FL 33483		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	V, D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	SHIRLEY KANE	
STREET ADDRESS			STREET ADDRESS	1710 S. OCEAN BLVD, APT 3-NORTH	
CITY - ST - ZIP			CITY - ST - ZIP	DELRAY BEACH, FL 33483	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <i>Joyce Bennett</i>		Date: <i>2/5/08</i>		Daytime Phone: <i>561-278-4078</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone	