NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 716167 (2)

CAMB	ERWELL CONDOMINIUM AS	SOCIATION, INC.				
Principal Plac	ce of Business	Mailing Address			- I FRANIN IRABI HERIO BRHAF INDIA BUNK N	¥81 #\$8\$1 8\$8\$0 \$48\$1 818\$4 8\$8\$1 \$18\$1 \$8\$1
11800 AVENUE OF P.G.A. PALM BEACH GARDENS FL 33418 11800 AVENUE OF P.G.A. PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS			A #3			
·		US			3. Date Incorporated or Qualified 03/07/1969	3a. Date of Last Report 02/10/1995
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1464573	Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		39 1404373	Not Applicable	
22		27		5. Certificate of Status Desired	S8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23	28		F		Trust Fund Contribution	Added to Fees
7ip 24	Country 25	Z _I ρ Country 30		This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No		
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Re	gistered Agent
ALEVANDED OF			81	81 Name		
	NDER, C.E. Ave of PGA, apt 3		82	Street Add	iress (P.O. Box Number is Not Acceptable)
	BCH GRDNS, FL		83			
33418	5511 5115110, 12					
			84	City		FI 85 Zip Code
familiar w	to the provisions of Sections 617.0502 ered agent, or both, in the State of Florid with, and accept the obligations of, Section	and 617.1508, Florida Statute a. Such change was authorize on 617.0503, Florida Statutes.	s, the above-red by the corp	named corpo oration's boa	ration submits this statement for the purpor and of directors. I hereby accept the appoin	ose of changing its registered office nament as registered agent. I am
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NO)	E Registered Agen	it Signature require	or(when reinstating)	DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	
TILLE	PDT				Change Addition	
NAME	ALEXANDER, C.E.		1.2 NAME			/
STREET ADDRESS	11800 AVE OF THE PGA #3		1.3 STREET	ADDRESS		14 de 2 amb
CHTY-ST-ZIP THILE	PALM BCH GRDNS FL D DELETE		1.4 CITY - S	T-ZIP		334/8 □ Change ☑ Addition
NAME	WEIGO OF EMPLY		2.1 TITLE			Change 🙀 Addition
STREET ADDRESS	11800 AVE OF THE PGA #1		2 2 NAME 2 3 STREET	ADDDESS		
CITY-ST-ZIP	PALM BCH GRDNS FL		2 4 CITY-ST-ZIP		33418	
TITLE	SD DELETE 31		31 TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			32 NAME			7
STREET ADDRESS	11800 AVE OF THE PGA #2		3 3 STREET	ADDRESS		33418
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP		
TITLE	LEVIN, GERALD	IN GFRAID				☐ Change ☐ Addition
NAME STREET ADDRESS	11800 AVE OF THE PGA #20		4. 2 NAME	ADDRESS		2 1 ./10
CITY - ST - ZIP	PALM BCH.GARDENS FL		4.3 STREET 4.4 DITY-S			33418
TITLE	DVP	DELETE	5.1 TITLE	1-21		☐ Change ☑ Addition
NAME	MEEHAN, RICHARD	_	5.2 NAME			- · ×
STREET ADDRESS	11800 AVE OF THE PGA #10		5.3 STREET	ADDRESS		33418
CITY - ST - ZIP	PALM BCH GARDENS FL		5 4 CITY-S	T-7(P		
TITLE			61 TITLE		Change	
NAME	NERO, LORRAINE		62 NAME			<i>(</i>
STREET ADDRESS	1 1800 AVE OF TH E PGA, #14 PAL M BEACH GARDENS F L		6 3 STREET			
CITY-ST-ZIP 14. I do herel	by certify that the information supplied w	ith this filing is voluntarily furni	6.4 CITY - S shed and does	not qualify f	for the exemption stated in Section 119.07	7/3/fk/ Florida Statuton I further
certify that	at the information indicated on this annua	al report or supplemental annu ation or the receiver or trustee	ial report is tru empowered t	e and accura	ate and that my signature shall have the sa is report as required by Chapter 617, Flori	ama lenal offert as if made under

SIGNATURE:

Daytime Phone #