

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 FEB 22 AM 9:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 716167

1. Corporation Name  
CAMBERWELL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business: 11800 AVENUE OF P.G.A. PALM BEACH GARDENS FL 33418  
Mailing Address: 11800 AVENUE OF P.G.A. #3 PALM BEACH GARDENS FL 33418 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	03/07/1969
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-1464573
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	<input type="checkbox"/> \$8.75 Additional Fee Required
	29	6. Election Campaign Financing
	30	Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ALEXANDER, C.E. 11800 AVE OF PGA, APT 3 PALM BCH GRDNS, FL 33418	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT <input type="checkbox"/> DELETE	1.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, C.E.	1.2 NAME	
STREET ADDRESS	11800 AVE OF THE PGA #3	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GRDNS FL 33418	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEISS, GLENNA	2.2 NAME	MARY PETROZZIELLO
STREET ADDRESS	11800 AVE OF THE PGA #1	2.3 STREET ADDRESS	11800 AVE OF THE PGA #6
CITY-ST-ZIP	PALM BCH GRDNS FL 33418	2.4 CITY-ST-ZIP	PALM BEACH GARDENS FL 33418
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHERNUCHIN, ELAYNE	3.2 NAME	EDW. HABERKORN
STREET ADDRESS	11800 AVE OF THE PGA #2	3.3 STREET ADDRESS	11800 AVE OF THE PGA #13
CITY-ST-ZIP	PALM BCH GARDENS FL 33418	3.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEVIN, GERALD	4.2 NAME	DANIEL A. MCCARTHY
STREET ADDRESS	11800 AVE OF THE PGA #20	4.3 STREET ADDRESS	11800 AVE OF THE PGA #19
CITY-ST-ZIP	PALM BCH GARDENS FL 33418	4.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	VPD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	
NAME	NERO, LORRAINE	5.2 NAME	
STREET ADDRESS	11800 AVE OF THE PGA, #14	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL 33418	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

7/22/99

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 information indicated on this annual report or supplemental annual 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 registered 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 on an attachment with an address with all other like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-99