

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 28, 2003 8:00 am**  
**Secretary of State**

02-28-2003 90122 021 \*\*\*\*61.25

00099890

**DOCUMENT # 716167**

1. Entity 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.  
11800 AVENUE OF P.G.A #1  
PALM BEACH GARDENS FL 33418  
US**

**10029630**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1464573**

Applied For  
Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GLENNON, THOMAS F  
11800 AVE OF THE PGA APT 1  
PALM BEACH GARDENS FL 33418**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PD	GLENNON, THOMAS F	11800 AVE OF THE PGA #1	PALM BEACH GARDENS FL 33418	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	GRISPI, SHIRLEY	11800 AVE OF THE PGA, #20	PALM BCH GRDNS FL 33418	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VPD	GLENNON, VALERIE	11800 AVE. OF THE PGA #1	PALM BCH.GARDENS FL 33418	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	HUGHES, DONNA	11800 AVE OF THE PGA, #7	PALM BCH.GARDENS FL 33418	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	PERILLO, JOY	11800 AVE OF THE PGA, #8	PALM BEACH GARDENS FL 33418	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

12. 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 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:

*Thomas F. Glennon - President*

2/25/03

CR2E037 (10/02)