

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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95 MAY - 1 PM 4: 50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100001474501
-05/04/95--01001--001
DO NOT RETURN THIS STATE \$130.00

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathiam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 731295 (2)
1. Corporation Name
CAMBRIDGE "F" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
4122 CAMBRIDGE F DEERFIELD BEACH FL 33442-0373
4122 CAMBRIDGE F DEERFIELD BEACH FL 33442-0373

3. Date incorporated or Qualified 12/03/1974
3a. Date of Last Report 05/01/1994
4. FEI Number 59-1906118
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 2132 CAMBRIDGE F 26 2132 CAMBRIDGE F
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 DEERFIELD BEACH FL 27
City & State City & State
23 DEERFIELD BEACH FL 28
City & State City & State
24 33442 25 Country 29 33442 30 Country

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.132 Florida Statutes Yes No

9. Name and Address of Current Registered Agent
CONDOMINIUM OWNERS ORGANIZATION
3501 WEST DRIVE
DEERFIELD BEACH FL 33442-2085

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO D	11 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEAR, SOL	12 NAME	JOSEPH SALAY
STREET ADDRESS	CAMBRIDGE F 4121	13 STREET ADDRESS	CAMBRIDGE F 4134
CITY ST ZIP	DEERFIELD BEACH FL	14 CITY ST ZIP	DEERFIELD BEACH FL
TITLE	DV	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDHABER, JERRY	22 NAME	
STREET ADDRESS	CAMBRIDGE F 4123	23 STREET ADDRESS	
CITY ST ZIP	DEERFIELD BEACH FL	24 CITY ST ZIP	
TITLE	DV	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZ, SAM	32 NAME	
STREET ADDRESS	CAMBRIDGE F 3127	33 STREET ADDRESS	
CITY ST ZIP	DEERFIELD BEACH FL	34 CITY ST ZIP	
TITLE	TD	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALITSKY, PEARL	42 NAME	
STREET ADDRESS	CAMBRIDGE F 2132	43 STREET ADDRESS	
CITY ST ZIP	DEERFIELD BEACH FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEMANSKY, JULIUS	52 NAME	
STREET ADDRESS	CAMBRIDGE F 4122	53 STREET ADDRESS	
CITY ST ZIP	DEERFIELD BEACH FL	54 CITY ST ZIP	
TITLE	D	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERCH, BEN	62 NAME	887511
STREET ADDRESS	CAMBRIDGE F-1122	63 STREET ADDRESS	
CITY ST ZIP	DEERFIELD BEACH FL	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 receiver or 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.

SIGNATURE: Pearl Balitsky PEARL BALITSKY 1-25-95 305-428-0416
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR