## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 731295

(2)

CAMBRIDGE *F* CONDONINIUM ASSOCIATION, INC.						
Principal Place	of Business	Mailing Address				
2132 CAMBRID DEERFIELD BE	IGE F FACH FL 33442	2132 CAMBRIDGE F DEERFIELD BEACH F	. 33442			
				<ol> <li>Date Incorporated or Qualified</li> <li>12/03/1974</li> </ol>	3a. Date of Last Report 05/01/1995	
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number	Applied For	
1		26		59-1906118	Not Applicable	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
3		26		Trust Fund Contribution	Added to Fees	
Zip	Country	Zφ	Country	8. This corporation has liability for in	itangible tax under s. 199.032.	
	25	29	30	The state of the s	Yes XNo	
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Re	gistered Agent	
			81 Name			
	(Inium owners organizati	ON	82 Street Adi	dress (P.O. Box Number is Not Acceptable	a)	
	ST DRIVE		83			
DEERFIE	LD BEACH FL 33442-2085		63			
			84 City		FL 85 Zip Code	
or registere familiar with SIGNATURE	ad agent, or both, in the State of Flor n, and accept the obligations of, Sec Signature, typed or printed name of registered agen	rida. Such change was author ction 617.0503, Florida Statute	zed by the corporation's bo is. OTE Registered Agent signature requi	oration submits this statement for the purp pard of directors. I hereby accept the appo	DATE DATE	
12.	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12	
TITLE	D	DELETE	1.1 TITLE	PRESIDENT JEE SALAV 4134 CAMBRIDGE / DELRHELD BEACH I	Change Addition	
NAME	SHEAR, SOL		1.2 NAME	JeE SALAV	· ·	
STREET ADDRESS	CAMBRIDGE F 4121		1.3 STREET ADDRESS	4134 CAMBKINGE T	L 234411	
CITY-ST-ZIP	DEERFIELD BEACH FL	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	VERKELIN BEHAN	Change Addition	
ITLE IAME	dv Goldhaber, Jerry	Постен	2.2 NAME		<b>-</b>	
STREET ADDRESS	CAMBRIDGE F 4123		2 3 STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH FL		2 4 C-TY - ST - ZIP			
ITLE	DV	☐ DELETE	3 1 TITLE		Change Addition	
IAME	KATZ, SAM		3 2 NAME			
STREET ADORESS	CAMBRIDGE F 3127		3 3 STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH FL	·	3 4. CHTY - ST - ZIP		1 <del>77211 </del>	
ITLE	TD	☐ DELETE	4.1 TITLE	00000179 -04/29/96010	l f ¶ Oballge ☐ Addition	
IAME	BALITSKY, PEARL		4 2 NAME	***15128.75	C1 001	
STREET ADDRESS	CAMBRIDGE F 2132		4.3 STREET ADORESS			
CITY-ST-ZIP	DEERFIELD BEACH FL	DELETE	4.4 CITY - ST - ZIP		Change Addition	
ITLE	D I EMANGEN I II II II I I I	Mintrelp	51 THILE 52 NAME		Li change Li nadition	
IAME	LEMANSKY, JULIUS CAMBRIDGE F 4122		5.2 RAME 5.3 STREET ADDRESS			
STREET ADDRESS SITY-ST-ZIP	DEERFIELD BEACH FL		54 CITY-ST-ZIP			
TITLE	D DEENFIELD DENOTITE	DELETE	61 TITLE		☐ Change ☐ Addition	
NAME	BERCH, BEN	-	6.2 NAME		OF F	
STREET ADDRESS	CAMBRIDGE F-1122		6.3 STREET ADDRESS		11.50	
CITY - ST - 7IP	DEFREIELD BEACH FL		6.4 CITY - ST - ZIP		4-27-	
certify that	the information indicated on this an	nual report or supplemental a poration or the receive <b>r or</b> trus	nnual report is true and accu tee empowered to execute:	y for the exemption stated in Section 119 trate and that my signature shall have the this report as required by Chapter 617, Flo	same legal effect as it mage lingel	

SIGNATURE:

MAYURE AND TYPES OR POINTED NAME OF SIGNING OFFICER OR DIRE

1/25/96 42/

42/-4543 Daytime Phone X CR2E037 (12/95)