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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 731295

1. Corporation Name

CAMBRIDGE "F" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

4134 CAMBRIDGE F
DEERFIELD BEACH FL 33442

Mailing Address

4134 CAMBRIDGE F
DEERFIELD BEACH FL 33442



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/03/1974

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-1906118

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONDOMINIUM OWNERS ORGANIZATION
3501 WEST DRIVE
DEERFIELD BEACH FL 33442-2085

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE

1.1 TITLE Change Addition

NAME D SHEAR, SOL
STREET ADDRESS CAMBRIDGE F 4121
CITY-ST-ZIP DEERFIELD BEACH FL

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DELETE

2.1 TITLE Change Addition

NAME DV GOLDHABER, JERRY
STREET ADDRESS CAMBRIDGE F 4123
CITY-ST-ZIP DEERFIELD BEACH FL

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE

3.1 TITLE Change Addition

NAME DV KATZ, SAM
STREET ADDRESS CAMBRIDGE F 3127
CITY-ST-ZIP DEERFIELD BEACH FL

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE

4.1 TITLE Change Addition

NAME TD BALITSKY, PEARL
STREET ADDRESS CAMBRIDGE F 2132
CITY-ST-ZIP DEERFIELD BEACH FL

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE

5.1 TITLE Change Addition

NAME P SALAV, JOSEPH
STREET ADDRESS CAMBRIDGE F 4134
CITY-ST-ZIP DEERFIELD BEACH FL 33442

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE

6.1 TITLE Change Addition

NAME D BERCH, BEN
STREET ADDRESS CAMBRIDGE F-1122
CITY-ST-ZIP DEERFIELD BEACH FL

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 5, 1999 954 421-4545

Date

Daytime Phone #

CR2E037_ (11/98)