

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2000 8:00 am
Secretary of State

04-25-2000 90324 001 15,006.25

DOCUMENT # 731295
 1. Entity Name
CAMBRIDGE "F" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
 4134 CAMBRIDGE F 4134 CAMBRIDGE F
 DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442-3304



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-1906118 Not Applicable

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

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

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.

SIGNATURE _____ (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 Department of State

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|----------------------------|---|---|---|
| TITLE | D <input type="checkbox"/> Delete SMEAR, SOL | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DAVID FINGER |
| NAME | CAMBRIDGE F #21 | NAME | CAMBRIDGE F 4132 |
| STREET ADDRESS | DEERFIELD BEACH FL | STREET ADDRESS | DEERFIELD BEACH FL |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | DV <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GOLDHABER, JERRY | NAME | |
| STREET ADDRESS | CAMBRIDGE F 4129 | STREET ADDRESS | |
| CITY-ST-ZIP | DEERFIELD BEACH FL | CITY-ST-ZIP | |
| TITLE | DV <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KATZ, SAM | NAME | |
| STREET ADDRESS | CAMBRIDGE F 3127 | STREET ADDRESS | |
| CITY-ST-ZIP | DEERFIELD BEACH FL | CITY-ST-ZIP | |
| TITLE | TD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BALITSKY, PEARL | NAME | |
| STREET ADDRESS | CAMBRIDGE F 2132 | STREET ADDRESS | |
| CITY-ST-ZIP | DEERFIELD BEACH FL | CITY-ST-ZIP | |
| TITLE | P <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SALAV, JOSEPH | NAME | |
| STREET ADDRESS | CAMBRIDGE F 4134 | STREET ADDRESS | |
| CITY-ST-ZIP | DEERFIELD BEACH FL 33442 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BERCH, BEN | NAME | |
| STREET ADDRESS | CAMBRIDGE F-1122 | STREET ADDRESS | |
| CITY-ST-ZIP | DEERFIELD BEACH FL | CITY-ST-ZIP | |

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: JOSEPH SALAV **SIGNATURE REQUIRED** 1/4/2000 954 421-4545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/99)