

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
 DEERFIELD BEACH FL 33442

4134 CAMBRIDGE F
 DEERFIELD BEACH FL 33442-3304

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

59-1906118

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

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

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMEAR, SOL	NAME	DAVID FINGER
STREET ADDRESS	CAMBRIDGE F #21	STREET ADDRESS	CAMBRIDGE F 4132
CITY-ST-ZIP	DEERFIELD BEACH FL	CITY-ST-ZIP	DEERFIELD BEACH FL
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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/2000 954 421-4545
 Daytime Phone #

CR2E037 (9/99)