

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

04-14-2001 90045 001 15,067.50

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

2. Principal Place of Business 3. Mailing Address
4123 CAMBRIDGE F **4123 CAMBRIDGE F**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
DEERFIELD BEACH FL **DEERFIELD BEACH FL**

City & State City & State
33442 USA **33442 U.S.A**
 Zip Country Zip Country

4. FEI Number Applied For
59-1906118 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
CONDOMINIUM OWNERS ORGANIZATION
3501 WEST DRIVE
DEERFIELD BEACH FL 33442-2085

7. Name and Address of New Registered Agent
 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FINGER, DAVID	
STREET ADDRESS	CAMBRIDGE F 4121	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	GOLDHABER, JERRY	
STREET ADDRESS	CAMBRIDGE F 4123	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	KATZ, SAM	
STREET ADDRESS	CAMBRIDGE F 3127	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BALITSKY, PEARL	
STREET ADDRESS	CAMBRIDGE F 2132	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SALAV, JOSEPH	
STREET ADDRESS	CAMBRIDGE F 4134	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERCH, BEN	
STREET ADDRESS	CAMBRIDGE F-1122	
CITY-ST-ZIP	DEERFIELD BEACH FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATTERSON GISELLE	
STREET ADDRESS	CAMBRIDGE F 3122	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEMANSKY JULIUS	
STREET ADDRESS	CAMBRIDGE F 4122	
CITY-ST-ZIP	DEERFIELD Bch FL 33442	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDHABER JERRY	
STREET ADDRESS	CAMBRIDGE F 4123	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINGER DAVID	
STREET ADDRESS	CAMBRIDGE F 4121	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: SIG JERRY GOLDHABER *Jerry Goldhaber* Date: 1-8-01 Daytime Phone #: (954) 480-9124

CR2E037 (10/00)