


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 10, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90235 001 15,496.25

**DOCUMENT # 731295**

1. Entity Name  
**CAMBRIDGE "F" CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**CONDO OWNERS ORG OF CENTURY VILLAGE E  
 3501 WEST DRIVE  
 DEERFIELD BEACH, FL 33442-2085**

Mailing Address  
**CONDO OWNERS ORG OF CENTURY VILLAGE E  
 3501 WEST DRIVE  
 DEERFIELD BEACH, FL 33442-2085**

66014144



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

02252007 Chg-NP CR2E037 (12/06)

8. Name and Address of Current Registered Agent  
**CONDOMINIUM OWNERS ORGANIZATION  
 3501 WEST DRIVE  
 DEERFIELD BEACH, FL 33442-2085**

4. FEI Number  
**59-1906118**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DORAN, JOSEPH 4135 CAMBRIDGE DR. DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSMARIN, ALLEN 4127 CAMBRIDGE DR DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, ROBERT 1132 CAMBRIDGE DR DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BERCH, LENORE 1122 CAMBRIDGE F DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ECHEVERRI, HUGO 2123 CAMBRIDGE F DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOLDHABER, JERRY CAMBRIDGE F 4123 DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ROBERT WHITE 1132 CAMBRIDGE 'F' D.B. H 33442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOE DORON 4135 CAMBRIDGE 'F' D.B. H 33442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JAMES MCLEAR 3131 CAMBRIDGE 'F' D.B. H 33442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MURIEL SAFFERSON 1121 CAMBRIDGE 'F' D.B. H 33442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SYLVIA SHEAR 4121 CAMBRIDGE 'F' D.B. H 33442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Robert C White **ROBERT C. WHITE** 4/17/07 (954) 596-5371  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Cayman Phone #