

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 748325 (8)
1. Corporation Name

CAMBRIDGE TOWNHOUSES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O J.M. LEVINE 1145 99 STREET BAY HARBOR ISLANDS FL 33154

3. Date Incorporated or Qualified: 08/01/1979
3a. Date of Last Report: 11/27/1995
4. FEI Number: NOT APPLICABLE
5. Certificate of Status Desired: [] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [] \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [] Yes [] No

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22
27
City & State 23
28
Zip 24 Country 25 29 30

9. Name and Address of Current Registered Agent
MICHELSON, STUART R ESQ.
1111 KANE CONCOURSE, SUITE 517
BAY HARBOR ISLANDS FL 33154
10. Name and Address of New Registered Agent
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: _____ (NOTE: Registered Agent signature required when re-stating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: LEVINE, GERALD STREET ADDRESS: 1145 99TH ST. CITY-ST-ZIP: BAY HARBOR ISLANDS FL 33154	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: PD 1.2 NAME: LEVINE, JERROD M. 1.3 STREET ADDRESS: 1145 99TH ST 1.4 CITY-ST-ZIP: BAY HARBOR ISLANDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VTD NAME: CULINER, LYNDON A STREET ADDRESS: 1139 99TH STREET CITY-ST-ZIP: BAY HARBOR ISLANDS FL 33154	<input type="checkbox"/> DELETE	2.1 TITLE: 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VS NAME: KOTLER, JUDITH STREET ADDRESS: 1137 99TH STREET CITY-ST-ZIP: BAY HARBOR ISLANDS FL 33154	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: VSD 3.2 NAME: KOTLER JUDITH 3.3 STREET ADDRESS: 1137 99TH STREET 3.4 CITY-ST-ZIP: BAY HARBOR ISLANDS FL 33154	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700001896907 -07/17/96--01072--024 ***61.25 5/1/96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Jerrod M. Levine JERROD M. LEVINE 1/22/96 (305)861-1414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day (to) & Phone #

CR2E037 (12/95)