

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
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95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **N00425** (1)
1. Corporation Name
CAMBRIDGE J CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
1904 CLUBHOUSE DRIVE SUN CITY CENTER FL 33573-4351

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/16/1983** 3a. Date of Last Report **04/25/1994**

4. FEI Number **59-2142972** Applied For 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S 199 032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**GREENE, ROBERT E.
%PROFESSIONAL COMMUNITY SERVICES CORP.
1904 CLUBHOUSE DRIVE
SUN CITY CENTER FL 33573**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
% Florida Lifestyle Management
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV LOJEWski, HANK 102 CAMBRIDGE TR., #234 SUN CITY CENTER FL	11 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	Woodley, Douglas
STREET ADDRESS		13 STREET ADDRESS	102 Cambridge Tr., #219
CITY, ST, ZIP		14 CITY, ST, ZIP	Sun City Center FL
TITLE	D HENDERSON, TOM 102 CAMBRIDGE #235 SUN CITY CTR, FL 00000	21 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	Friedman, Amy
STREET ADDRESS		23 STREET ADDRESS	102 Cambridge Tr., #221
CITY, ST, ZIP		24 CITY, ST, ZIP	Sun City Center FL
TITLE	TD BLOCK, DORIS 102 CAMBRIDGE TR., @230 SUN CITY CENTER FL	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE	SD SHIELDS, CLAIR 102 CAMBRIDGE TR., #224 SUN CITY CENTER FL	41 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	Chapman, Duane
STREET ADDRESS		43 STREET ADDRESS	102 Cambridge Tr., #228
CITY, ST, ZIP		44 CITY, ST, ZIP	Sun City Center FL
TITLE	DP MAURO, JO 102 CAMBRIDGE TR #220 SUN CITY CTR, FL 00000	51 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	Mann, Greta
STREET ADDRESS		53 STREET ADDRESS	102 Cambridge Tr., #223
CITY, ST, ZIP		54 CITY, ST, ZIP	Sun City Center FL
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

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)(B), 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: *Doris A. Block* (DORIS A. BLOCK) 4-19-95 634-3012
DATE: _____