

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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



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

3. Date Incorporated or Qualified: **12/16/1983**
3a. Date of Last Report: **05/01/1995**
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**
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**
City & State: **23**
Zip: **24** Country: **25**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
GREENE, ROBERT E.
FLORIDA LIFESTYLE MANAGEMENT
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)
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 reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WOODLEY, DOUGLAS	
STREET ADDRESS	102 CAMBRIDGE TR., #219	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRIEDMAN, AMY	
STREET ADDRESS	102 CAMBRIDGE TR., #221	
CITY-ST-ZIP	SUN CITY CTR, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BLOCK, DORIS	
STREET ADDRESS	102 CAMBRIDGE TR., @230	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CHAPMAN, DUANE	
STREET ADDRESS	102 CAMBRIDGE TR., #228	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MANN, GRETA	
STREET ADDRESS	102 CAMBRIDGE TR., #223	
CITY-ST-ZIP	SUN CITY CTR, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	WILLENKIN, GERRY	
2.3 STREET ADDRESS	102 CAMBRIDGE TRAIL, J240	
2.4 CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MANNING, BRUCE	
4.3 STREET ADDRESS	102 CAMBRIDGE TRAIL, J217	
4.4 CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

700001801687
04/30/96-01095-007
***\$61.25

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: D.C. Woodley **D.C. WOODLEY** Date: 3/13 Daytime Phone #: 634-1116

CR2E037 (12/95)