

FILE NOW: FILING FEE IS \$61.25

FILED

**May 20 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33573-5912
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/16/1983	3a. Date of Last Report 04/30/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2142972	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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
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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 relating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD WOODLEY, DOUGLAS	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	102 CAMBRIDGE TR., #219	1.2 NAME	
STREET ADDRESS	SUN CITY CENTER FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD WILLENKIN, GERRY	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	102 CAMBRIDGE TR., #J-240	2.2 NAME	
STREET ADDRESS	SUN CITY CTR, FL 00000 33573	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD BLOCK, DORIS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	102 CAMBRIDGE TR., @230	3.2 NAME	
STREET ADDRESS	SUN CITY CENTER FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D MANNING, BRUCE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	102 CAMBRIDGE TR., #J-217	4.2 NAME	
STREET ADDRESS	SUN CITY CENTER FL 33573	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	WOODLEY, JUNE
STREET ADDRESS		5.3 STREET ADDRESS	102 CAMBRIDGE TRAIL, J219
CITY-ST-ZIP		5.4 CITY-ST-ZIP	SUN CITY CENTER, FL 33573
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	FRIEDMAN, AMY
STREET ADDRESS		6.3 STREET ADDRESS	102 CAMBRIDGE TRAIL, J221
CITY-ST-ZIP		6.4 CITY-ST-ZIP	SUN CITY CENTER, FL 33573

14. I do 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 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: _____ 3/27/97 633 8335
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # 0046455

CR2E037 (9/96)