

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90118 043 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # N00425
 1. Entity Name
CAMBRIDGE J CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business STERLING MANAGEMENT INC 723 IMAR DRIVE SUN CITY CENTER FL 33573	Mailing Address STERLING MANAGEMENT INC 723 IMAR DRIVE SUN CITY CENTER FL 33573
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-2142972	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**MAY, BRIAN L
 723 IMAR DRIVE
 SUN CITY CENTER FL 33573**

7. Name and Address of New Registered Agent
 Name **BECKER & POLIAKOFF, P.A.**
 Street Address (P.O. Box Number is Not Acceptable)
2401 WEST BAY DRIVE, SUITE 414
 City **LARGO** **FL** Zip Code **33770**

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.

SIGNATURE *Ellen Hirsch de Haan* DATE _____
Signature typed or printed name of registered agent and location (NOTE: Registered Agent signature required when reinstating)
ELLEN HIRSCH de HAAN, J.D. FOR THE FIRM

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BLOCK, DORIS 102 CAMBRIDGE TRAIL, #J230 SUN CITY CENTER FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MANNING, BRUCE 102 CAMBRIDGE TR., #J-217 SUN CITY CENTER FL 33573	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SUNDEEN, KENNETH 102 CAMBRIDGE TRAIL J244 SUN CITY CENTER FL 33573	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLAHIVE, JOHN 102 CAMBRIDGE TRAIL, J237 SUN CITY CENTER FL 33573	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McAfee, William 102 Cambridge Tr. J-225 Sun City Center, FL 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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 exemption stated in Section 119.07(3)(i), 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: *William McAfee, Treas.* Date 4-4-02 Daytime Phone # (813) 634-3012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)