

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 # N00428 (5)
1. Corporation Name
CAMBRIDGE L CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 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**

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

4. FEI Number **59-2155960** 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GREENE, ROBERT E.
FLORIDA LIFESTYLE MANAGEMENT
1904 CLUBHOUSE DRIVE
SUN CITY CENTER FL 33573**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	FINI, WALACE	
STREET ADDRESS	1906 CANTERBURY LN #9	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LEYDON, ROBERT	
STREET ADDRESS	1906 CANTERBURY LN., #18	
CITY-ST-ZIP	SUN CITY CTR. FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	YATRAS, ANDREW	
STREET ADDRESS	1906 CANTERBURY LANE #12	
CITY-ST-ZIP	SUN CITY CTR. FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CHRISTENSON, ORVILLE	
STREET ADDRESS	1906 CANTERBURY LANE, #5	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SARGENT, LUCY	
STREET ADDRESS	1906 CANTERBURY LANE, #10	
CITY-ST-ZIP	SUN CITY CENTER FL	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	300001801693
3.3 STREET ADDRESS	-04/30/96--01095--039
3.4 CITY-ST-ZIP	***61.25
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SD
5.3 STREET ADDRESS	BREININGER, BARBARA
5.4 CITY-ST-ZIP	1906 CANTERBURY LANE, L19
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SUN CITY CENTER, FL 33573
6.3 STREET ADDRESS	
6.4 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)(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: *Robert Leydon* **ROBERT LEYDON** 3/11/96 634-0903
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)