

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



Principal Place of Business 1804 CLUBHOUSE DRIVE SUN CITY CENTER FL 33573-4351	Mailing Address 1804 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	22	23	24	4. FEI Number 59-2155960	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	7. 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				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

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 reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINI, WALLACE	1.2 NAME	
STREET ADDRESS	1906 CANTERBURY LN #9	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER FL	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEYDON, ROBERT	2.2 NAME	
STREET ADDRESS	1906 CANTERBURY LN., #18	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CTR, FL 00000	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YATRAS, ANDREW	3.2 NAME	
STREET ADDRESS	1906 CANTERBURY LANE #12	3.3 STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CTR, FL 00000	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTENSON, ORVILLE	4.2 NAME	
STREET ADDRESS	1906 CANTERBURY LANE, #5	4.3 STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER FL	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREININGER, BARBARA	5.2 NAME	
STREET ADDRESS	1906 CANTERBURY LANE, #L-19	5.3 STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Robert E. Greene* **ROBERT E. GREENE** **TREAS.** **3/17/97** Date Daytime Phone # **0046496**

CR2E037 (9/96)