

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**May 18 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>1904 CLUBHOUSE DRIVE SUN CITY CENTER FL 33573-4351</b>	Mailing Address <b>1904 CLUBHOUSE DRIVE SUN CITY CENTER FL 33573-4351</b>
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3. Date Incorporated or Qualified  
**12/16/1983**

4. FEI Number  
**59-2155960**

Applied For  
 Not Applicable

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

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current-year intangible Personal Property Tax due June 30.  
 Yes  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

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	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FINI, WALACE</b>	
STREET ADDRESS	<b>1906 CANTERBURY LN #9</b>	
CITY-ST-ZIP	<b>SUN CITY CENTER FL</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LEYDON, ROBERT</b>	
STREET ADDRESS	<b>1906 CANTERBURY LN.#18</b>	
CITY-ST-ZIP	<b>SUN CITY CTR, FL 00000</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>YATRAS, ANDREW</b>	
STREET ADDRESS	<b>1906 CANTERBURY LANE #12</b>	
CITY-ST-ZIP	<b>SUN CITY CTR, FL 00000</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>CHRISTENSON, ORVILLE</b>	
STREET ADDRESS	<b>1906 CANTERBURY LANE, #5</b>	
CITY-ST-ZIP	<b>SUN CITY CENTER FL</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BREININGER, BARBARA</b>	
STREET ADDRESS	<b>1906 CANTERBURY LANE, #L-19</b>	
CITY-ST-ZIP	<b>SUN CITY CENTER FL 33573</b>	
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	<b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>BYRON BREININGER</b>	
2.3 STREET ADDRESS	<b>1906 CANTERBURY LANE #19</b>	
2.4 CITY-ST-ZIP	<b>SUN CITY CENTER FL</b>	
3.1 TITLE	<b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>RUTZ, JACK</b>	
3.3 STREET ADDRESS	<b>1906 CANTERBURY LANE #23</b>	
3.4 CITY-ST-ZIP	<b>SUN CITY CENTER FL</b>	
4.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>TOLAR, MARILYN</b>	
5.3 STREET ADDRESS	<b>1906 CANTERBURY LANE #20</b>	
5.4 CITY-ST-ZIP	<b>SUN CITY CENTER FL</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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:** *O.E. Christenson* **O.E. CHRISTENSON** 2/25/98 913-634-6275  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0047355**

CR2E037 (10/97)