

FILE NOW: FILING FEE IS \$61.25

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90151 011 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N00428

1. Corporation Name

CAMBRIDGE L 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 33573-4351



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/16/1983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2155960	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required.	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINI, WALACE	1.2 NAME	LOUISE FLANAGAN L-7
STREET ADDRESS	1906 CANTERBURY LN #9	1.3 STREET ADDRESS	1906 CANTERBURY LANE
CITY-ST-ZIP	SUN CITY CENTER FL	1.4 CITY-ST-ZIP	SUN CITY CENTER FL
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREININGER, BYRON	2.2 NAME	
STREET ADDRESS	1906 CANTERBURY LANE #19	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CTR, FL 00000	2.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUTZ, JACK	3.2 NAME	DOUGLAS MURRAY
STREET ADDRESS	1906 ANTEBURY LANE #23	3.3 STREET ADDRESS	1906 CANTERBURY LANE L-16
CITY-ST-ZIP	SUN CITY CTR, FL 00000	3.4 CITY-ST-ZIP	SUN CITY CENTER, FL
TITLE	PD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTENSON, ORVILLE	4.2 NAME	BYRON BREININGER
STREET ADDRESS	1906 CANTERBURY LANE, #5	4.3 STREET ADDRESS	1906 CANTERBURY LANE L-19
CITY-ST-ZIP	SUN CITY CENTER FL	4.4 CITY-ST-ZIP	SUN CITY CENTER FL
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOLAR, MARILYN	5.2 NAME	
STREET ADDRESS	1906 CANTERBURY LANE #20	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 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, with all other like empowered.

SIGNATURE: Byron Breininger (813) Byron & Breininger 633-1306

CR2E037 (1/198)