


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90359 035 \*\*\*\*61.25

**DOCUMENT # N00428**

1. Entity Name  
**CAMBRIDGE L CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business Mailing Address

**STERLING MANAGEMENT  
 1701B RICKENBACKER DR  
 SUN CITY CENTER FL 33573**

**STERLING MANAGEMENT  
 1701B RICKENBACKER DR  
 SUN CITY CENTER FL 33573**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E037 (11/03)

4. FEI Number **59-2155960**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**DE FURIO, JAMES R ESQ  
 101 E KENNEDY BLVD STE 1030  
 TAMPA FL 33602**

7. Name and Address of New Registered Agent

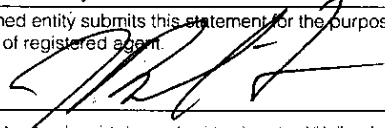
Name \_\_\_\_\_

Street Adc **James R. Defurio, Esquire**

**101 E. Kennedy Blvd. Suite 3000**

City **Tampa, FL 33602** Code \_\_\_\_\_

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **4-27-04**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	FLANAGAN, LOUISE	<input checked="" type="checkbox"/> Delete
NAME		1906 CANTERBURY LANE L17	
STREET ADDRESS		SUN CITY CENTER FL 33573	
CITY-ST-ZIP			
TITLE	VD	FISCHER, JUDITH	<input type="checkbox"/> Delete
NAME		1906 CANTERBURY LANE L15	
STREET ADDRESS		SUN CITY CENTER FL 33573	
CITY-ST-ZIP			
TITLE	TD	MURRAY, DOUGLAS	<input type="checkbox"/> Delete
NAME		1906 CANTERBURY LN, L-6	
STREET ADDRESS		SUN CITY CENTER FL 33573	
CITY-ST-ZIP			
TITLE	SD	FINI, PAULINE	<input type="checkbox"/> Delete
NAME		1906 CANTERBURY LANE L9	
STREET ADDRESS		SUN CITY CENTER FL 33573	
CITY-ST-ZIP			
TITLE	PD	BREININGER, BARBARA	<input type="checkbox"/> Delete
NAME		1906 CANTERBURY LN. L-19	
STREET ADDRESS		SUN CITY CENTER FL 33573	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	Bardsley, Larry	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1906 canterbury Ln. L-2	
STREET ADDRESS		Sun City Center, FL 33573	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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:  DATE: **4/9/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #