


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90320 049 \*\*\*\*61.25

**DOCUMENT # N00428**

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



Principal Place of Business  
**STERLING MANAGEMENT  
 1701B RICKENBACKER DR  
 SUN CITY CENTER, FL 33573**

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



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

02162006 Chg-NP CR2E037 (11/05)

City & State

4. FEI Number  
**59-2155960**

Applied For  
 Not Applicable

City & State

Zip Country

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

**6. Name and Address of Current Registered Agent**

**DE FURIO, JAMES R ESQ  
 201 E KENNEDY BLVD  
 SUITE 1460  
 TAMPA, FL 33602**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2006**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD BARDSLEY, LARRY 1906 CANTERBURY LN L-2 SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FISCHER, JUDITH 1906 CANTERBURY LANE L15 SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MURRAY, DOUGLAS 1906 CANTERBURY LN, L-6 SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FINI, PAULINE 1906 CANTERBURY LANE L9 SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BREININGER, BARBARA 1906 CANTERBURY LN. L-19 SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Fini, Pauline 1906 Canterbury Ln. L-9 Sun City Center, FL 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Bardsley, Barbara 1906 Canterbury Ln. L-2 Sun City Center, FL 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Van Valkenburg, Paul 1906 Canterbury Ln. L-31 Sun City Center, FL 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Van Valkenburg, Gail 1906 Canterbury Ln. L-31 Sun City Center, FL 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: L E Bardsley Date: 3/28/06 Daytime Phone #: 642-9661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR