# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N04991** **(8)**

1. Corporation Name

**CAMBRIDGE M CONDOMINIUM ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1904 CLUBHOUSE DRIVE<br>SUN CITY CENTER FL 33573-4351 | 1904 CLUBHOUSE DRIVE<br>SUN CITY CENTER FL 33573-4351 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/06/1984**
3a. Date of Last Report: **04/25/1994**
4. FEI Number: **59-2155962** ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

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

**PROFESSIONAL COMMUNITY SERVICES CORP.**
**% ROBERT E. GREENE**
**1904 CLUBHOUSE DRIVE**
**SUN CITY CENTER FL 33573**

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

81 Name: Florida Lifestyle Management
82 Street Address (P.O. Box Number is Not Acceptable):
83
84 City: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ (Typed or Printed Name of Registered Agent and Title if Applicable) _____ (Date)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | SD | 11 TITLE | ☐ Change ☐ Addition |
| NAME | WALLACE, JANE | 12 NAME | |
| STREET ADDRESS | 1904 CANTERBURY LANE, #25 | 13 STREET ADDRESS | |
| CITY ST ZIP | SUN CITY CENTER FL | 14 CITY ST ZIP | |
| TITLE | TD | 21 TITLE | ☐ Change ☐ Addition |
| NAME | FETTER, RICHARD | 22 NAME | |
| STREET ADDRESS | 1904 CANTERBURY LN #28 | 23 STREET ADDRESS | |
| CITY ST ZIP | SUN CITY CENTER FL | 24 CITY ST ZIP | |
| TITLE | D | 31 TITLE | D ☒ Change ☐ Addition |
| NAME | LARABEE, BETTY | 32 NAME | Caton, Kathleen |
| STREET ADDRESS | 1904 CANTERBURY LN #11 | 33 STREET ADDRESS | 1904 Canterbury Lane #14 |
| CITY ST ZIP | SUN CITY CENTER FL | 34 CITY ST ZIP | Sun City Center FL |
| TITLE | PD | 41 TITLE | ☐ Change ☐ Addition |
| NAME | BURGDORFER, REX | 42 NAME | |
| STREET ADDRESS | 1904 CANTERBURY LN. #19 | 43 STREET ADDRESS | |
| CITY ST ZIP | SUN CITY CENTER FL | 44 CITY ST ZIP | |
| TITLE | DV | 51 TITLE | ☐ Change ☐ Addition |
| NAME | DONOVAN, EDWARD | 52 NAME | |
| STREET ADDRESS | 1904 CANTERBURY LN.#1 | 53 STREET ADDRESS | |
| CITY ST ZIP | SUN CITY CENTER FL | 54 CITY ST ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 64 CITY ST ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 in any report, or on an attachment with an address.

**SIGNATURE:** Rex Burgdorfer — REX BURGDORFER — 3/20/95 — 434-5341
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0013897