


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

**FILED**

**May 20 1997 8:00am  
Secretary of State**

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # N04991 (8)**  
1. Corporation Name  
**CAMBRIDGE M CONDOMINIUM ASSOCIATION, INC.**



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|--|--|
| Principal Place of Business<br><b>1904 CLUBHOUSE DRIVE<br/>SUN CITY CENTER FL 33573-4351</b> | Mailing Address<br><b>1904 CLUBHOUSE DRIVE<br/>SUN CITY CENTER FL 33573-5912</b> |
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|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>09/06/1984</b>  | 3a. Date of Last Report<br><b>04/30/1996</b>           |
| 4. FEI Number<br><b>59-2155962</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

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

9. Name and Address of Current Registered Agent  
**FLORIDA LIFESTYLE MANAGEMENT  
% ROBERT E. GREENE  
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                     |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12          |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD<br/>SENDROWSKI, TONY<br/>1904 CANTERBURY LANE, #M-12<br/>SUN CITY CENTER FL 33573</b> <input type="checkbox"/> DELETE         | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD<br/>FETTER, RICHARD<br/>1904 CANTERBURY LN #28<br/>SUN CITY CENTER FL</b> <input checked="" type="checkbox"/> DELETE          | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | <b>TD<br/>GLEASON, JAMES<br/>1904 CANTERBURY LANE, M7<br/>SUN CITY CENTER, FL 33573</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>LARRABEE, BETTY<br/>1904 CANTERBURY LANE #M-11<br/>SUN CITY CENTER FL 33573</b> <input checked="" type="checkbox"/> DELETE | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | <b>D<br/>GREENAN, JAEMS<br/>1904 CANTERBURY LANE, M17<br/>SUN CITY CENTER, FL 33573</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>BURGDORFER, REX<br/>1904 CANTERBURY LN. #19<br/>SUN CITY CENTER FL</b> <input type="checkbox"/> DELETE                    | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DV<br/>DONOVAN, EDWARD<br/>1904 CANTERBURY LN.#1<br/>SUN CITY CENTER FL</b> <input checked="" type="checkbox"/> DELETE           | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | <b>VD<br/>DONOVAN, DOROTHY<br/>1904 CANTERBURY LN., M1<br/>SUN CITY CENTER, FL 33573</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE   | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

14. I do 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: *Rex Burgdorfer* **SIGNATURE REQUIRED REX BURGDORFER** 4/1/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0046449

CR2E037 (9/96)