


FILE NOW: FILING FEE IS \$61.25

FILED
May 18 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

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



| | |
|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Principal Place of Business 1804 CLUBHOUSE DRIVE SUN CITY CENTER FL 33573-4351 | Mailing Address 1904 CLUBHOUSE DRIVE SUN CITY CENTER FL 33573-4351 |
|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified 09/06/1984 | |
| 4. FEI Number 59-2155962 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|--------------------------------|---------------------|---------------------|---------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. |
| 22 | City & State | 27 | City & State |
| 23 | Zip | 28 | Country |
| 24 | Country | 29 | Zip |
| 25 | | 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 agent 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 | |
|----------------------------|-----------------------------------------------|
| TITLE | SD <input type="checkbox"/> DELETE |
| NAME | SENDROWSKI, TONY |
| STREET ADDRESS | 1904 CANTERBURY LANE, #M-12 |
| CITY-ST-ZIP | SUN CITY CENTER FL 33573 |
| TITLE | TD <input type="checkbox"/> DELETE |
| NAME | GLESON, JAMES |
| STREET ADDRESS | 1904 CANTERBURY LANE, M7 |
| CITY-ST-ZIP | SUN CITY CENTER FL |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | GREENAN, JAMES |
| STREET ADDRESS | 1904 CANTERBURY LANE, M17 |
| CITY-ST-ZIP | SUN CITY CENTER FL |
| TITLE | PD <input checked="" type="checkbox"/> DELETE |
| NAME | BURGDORFER, REX |
| STREET ADDRESS | 1904 CANTERBURY LN. #19 |
| CITY-ST-ZIP | SUN CITY CENTER FL |
| TITLE | VD <input type="checkbox"/> DELETE |
| NAME | DONOVAN, DOROTHY |
| STREET ADDRESS | 1904 CANTERBURY LANE, M1 |
| CITY-ST-ZIP | SUN CITY CENTER FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|-------------------------------------------------------|----------------------------------------------------------------------------------------|
| 1.1 TITLE | VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | SD <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | ENGLEMAN, JANE |
| 4.3 STREET ADDRESS | 1904 CANTERBURY LANE M25 |
| 4.4 CITY-ST-ZIP | SUN CITY CENTER, FL |
| 5.1 TITLE | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 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.

SIGNATURE: Anthony Sendrowski 3/16/98 813-634 8368
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0047392

CR2E037 (10/97)