NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999_____

DOCUMENT # N04991

CAMBRIDGE M CONDOMINIUM ASSOCIATION, INC.

Country

Principal Place of Business 1904 CLUBHOUSE DRIVE SUN CITY CENTER FL 33573-4351

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

Zip

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

1904 CLUBHOUSE DRIVE SUN CITY CENTER FL 33573-4351

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90064 005 ****61.25



3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

09/06/1984

59-2155962

4. FEI Number

24	25	29	30			Trust Fund Contribution Added to					es	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent							
					Name						}	
FLORIDA LIFESTYLE MANAGEMENT					Street Add	tress (P.O. Box Number is I	Vot Acceptable					
% ROBERT E. GREENE				82	Street Add	TO SOUTH AND THE STATE OF THE S	tot Acceptable)					
1904 CLUBHOUSE DRIVE				83						•		
SUN CITY CENTER FL 33573									T-1 -	. O		
SUN CITE CENTER PL 303/3					City			FL	85 Z	ip 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	Signature, typed or printed name of registered agent as	nd title if applicable. (NOT	E: Registered A	Agent	signature requir	red when reinstating)		DATE				
12.	OFFICERS AND		13.			ADDITIONS/CHANG	ES TO OFFICE	RS AN	D DIREC	TORS	N 12	
TITLE	VD	☐ DELETE	1.1 1111	LE					Chan	ge [Addition	
NAME	SENDROWSKI, TONY		1.2 NA	ME							. [
STREET ADDRESS	TOTAL CANTERONIES IN THE MAN AS	!	1.3 STR	REET	ADDRESS		,					
CITY-ST-ZIP	SUN CITY CENTER FL 33573		1.4 CIT	Y-ST	-ZIP							
TITLE	TD .	☐ DELETE	2.1 ∏∏.	LE					Chan	ge [] Addition	
NAME	GLESON, JAMES		2.2 NA	WΕ								
STREET ADDRESS	1904 CANTERBURY LANE, M7		2.3 STF	ŒET.	ADORESS						-	
CITY-ST-ZIP	SUN CITY CENTER FL		2.4 CIT	TY-\$1	Γ- ZIP							
TITLE	D	☐ DELETE	3.1 TITL	LE					Chan	ge L	Addition	
NAME	GREENAN, JAMES		3.2 NA	ME							ļ	
STREET ADDRESS	1904 CENTERBURY LANE, M17		3.3 STF	REET	ADDRESS						:	
CITY-ST-ZIP	SUN CITY CENTER FL		3.4. CIT	Y-S1	-ZIP							
TITLE	SD	DELETE	4.1 TITL	LE					Chan	ge L	Addition	
NAME	ENGLEMAN, JANE		4. 2 NA	ME	[
STREET ADDRESS	1904 CANTERBURY LANE M25		4.3 STF	REET	ADDRESS							
CITY-ST-ZIP	SUN CITY CENTER FL		4.4 CFT	Y-ST	-ZIP						7 A 1 122	
TITLE	PD	☐ DELETE	5.1 T/TI						Chan	ge L	Addition	
NAME	DONOVAN, DOROTHY		5.2 NA	ME							ļ	
STREET ADDRESS	1904 CANTERBURY LANE, M1		5.3 STF	REET.	ADDRESS						İ	
CITY-ST-ZIP	SUN CITY CENTER FL		5.4 CIT		-ZIP						Tanaki.	
TITLE		DELETE	6.1 TITE						Chan	ge [Addition	
NAME			6.2 NA		1						ſ	
STREET ADDRESS					ADDRESS						ļ	
			64 CIT	V.ST	-7IP							

Country

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 suppliemental 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 instee 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 attactment with an address, with all other like empowered.

SIGNATURE:

CHATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-99

Daytme Phone #

22E037 (11/98)

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable