FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

3

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 18 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N09348

(6)

CAMBRIDGE E CONDOMINIUM ASSOCIATION, INC.

CAMBRIDGE E CONDOMINIUM ASSOCIATION, INC.							
Principal Place of Business			Mailing Address				r indaviran der danste kanate risks dender ritet årder aslare order delets årder prætte hade
1904 CLUBHOUSE DR (ATTN: ROBERT E. GREENE) SUN CITY CENTER FL 33573-4351 US			1904 CLUBHOUSE DR (ATTN: ROBERT E. GREENE) SUN CITY CENTER FL 33573-4351 US				05/17/1985 4. FEI Number Applied For
							59-2155938 Not Applicable
2. Principal Place of Business			2a. Mailing Address				5. Certificate of Status Desired \$8.75 Additional Fee Required
Suite, Apt. #, etc.			Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be
22			27				Trust Fund Contribution Added to Fees
City & State			City & State				7. Is this nonprofit corporation a homeowners association?
23			28				¥ Yes No
Zip	Country	-	Zip	\vdash	Country		8. This corporation owes or has paid the current/year Intangible Personal Property Tax due June 30. Yes No
24	9. Name and Address of Current	Regis	stered Agent	30	301		Personal Property Tax due June 30. No 10. Name and Address of New Registered Agent
	- India and Andrew C.				81	Name	16. Limite and Secures at their registrates state
EI ORIOA	LIFESTYLE MANAGEMENT			ļ	_		
ROBERT E. GREENE					82	Street A	Address (P.O. Box Number is Not Acceptable)
1904 CLUBHOUSE DR.					83	_	
	Y CENTER FL 33573		!				led 7 out
agii giir aniiinni agai					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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE							
12. OFFICERS AND DIRECTORS / 13.						ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD		DELETE	1.1 11"	LE		PD Change LAddition
NAME	MCCLAFFERTY, JAMES			1.2 N/		i	WHITE, ALAN
STREET ADDRESS				1.3 \$11	REET	ADDRESS	1905 CANTERBURY LANE #3
CITY-ST-ZIP	SUN CITY CENTER FL 33573			1.4 CIT			SUN CITY CENTER FL
TITLE	SD		☐ DELETE	2.1 117	LE	Ì	STD Lange Addition
HAME	BAGNE, J.M.			22 NA			BAGNE, JEANNETTE
STREET ADDRESS					2.3 STREET ADORESS		
CITY-ST-ZIP	SUN CITY CENTER FL 33573 VD		DELETE		2. 4 CITY-ST-ZIP 3.1 TITLE		V D Change Addition
TITLE NAME	PLAYTES, TONY		(M) DECEIE		_	1	
STREET ADDRESS	1905 CANTERBURY LN #24				3.2 NAME TO 3.3 SYREET ADDRESS IS		THORNTON, MARY 1905 CANTERBURY LANG # 21
CITY-ST-ZIP	SUN CITY CENTER FL			3.4. CI		ADUNESS	SUN CITY CENTER FL
TITLE	TOTAL CONTINUES		☐ DELETE	4.1 Til		- LH	Change Addition
NAME				4.2 NA			- · - ·
STREET ADDRESS				1		ADDRESS	
CITY-ST-ZIP				4.4 C/T	Y-S	T-ZIP	
TITLE			DELETE	5.1 TIT	LE		Change Addition
NAME				5.2 NA	ME		
STREET ADDRESS				5.3 STI	REET	ADORESS	
CITY-ST-ZIP			l no con	5.4 C·T		T-ZIP	
TITLE			L_ DELETE	6.1 111			L_] Change L_] Addition
NAME STREET LIBERTON				6.2 NA			
STREET ADDRESS						ADDRESS	
14. I bereby ci	ertify that the information supplied wit	h this	filing does not qualify t	6.4 CIT for the exe			d in Section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated of officer or o	on this annual report or supplemental	annua ver_or	I report is true and ac trustee empowered to	curate and	l tha	at my sign	hature shall have the same legal effect as if made under oath; that I am an required by Chapter 617, Florida Statutes; and that my name appears in

ALAM. G. WHITE 227.98