

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N38779** (7)
1. Corporation Name
CAMBRIDGE C CV CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business % HELEN GOLDSTEIN CAMBRIDGE C APT.C-67, CENTURY VILLAGE W. PALM BEACH FL 33417	Mailing Address % HELEN GOLDSTEIN CAMBRIDGE C APT.C-67, CENTURY VILLAGE W. PALM BEACH FL 33417
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2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

3. Date Incorporated or Qualified 06/22/1990	3a. Date of Last Report 03/22/1996
4. FEI Number 59-1641522	Applied For 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**FORMAN, ADELE
CAMBRIDGE C65
CENTURY VILLAGE
W. PALM BEACH FL 33417**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 FL
86 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		
TITLE	P	<input type="checkbox"/> DELETE
NAME	BRAANDT, SAM	
STREET ADDRESS	60 CAMBRIDGE	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GERBER, RUTH	
STREET ADDRESS	66 CAMBRIDGE	
CITY-ST-ZIP	W.P.B. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOLDSTEIN, HELEN	
STREET ADDRESS	67 CAMBRIDGE	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRANDT, SYLVIA	
STREET ADDRESS	CMABRIDGE C60	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FORMAN, ADELE	
STREET ADDRESS	CAMBRIDGE C-65	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input 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 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: _____ SIGNATURE REQUIRED *Sandra Mortham* DATE: *04/21/97*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0078721

CP2E037 (9/96)