

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Jul 30 1998 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N38779 (7)  
 1. Corporation Name  
 CAMBRIDGE C CV CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address

% HELEN GOLDSTEIN CAMBRIDGE C APT.C-67, CENTURY VILLAGE W. PALM BEACH FL 33417

% HELEN GOLDSTEIN CAMBRIDGE C APT.C-67, CENTURY VILLAGE W. PALM BEACH FL 33417

3. Date Incorporated or Qualified  
 06/22/1990

4. FEI Number  
 59-1641522

Applied For  
 Not Applicable

2. Principal Place of Business 2a. Mailing Address

21. JEAN RAMPAISHA 26. Suite, Apt. #, etc.

22. 65 CAMBRIDGE C 27. City & State

23. WEST PALM BEACH, FL 28. City & State

24. 33417 25. USA 29. Zip 30. Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  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 MICHAEL SPILKEN  
 82 Street Address (P.O. Box Number is Not Acceptable) 70 CAMBRIDGE C  
 83  
 84 City WEST PALM BEACH FL 85 Zip Code 33417

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: *Michael Spilken* DATE: 7-10-98

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	PRESIDENT
NAME	BRAANDT, SAM	1.2 NAME	JEAN RAMPAISHAD
STREET ADDRESS	60 CAMBRIDGE	1.3 STREET ADDRESS	65 CAMBRIDGE C
CITY-ST-ZIP	W. PALM BEACH FL	1.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33417
TITLE	TD	2.1 TITLE	VP
NAME	GERBER, RUTH	2.2 NAME	SYLVIA BRANDT
STREET ADDRESS	66 CAMBRIDGE	2.3 STREET ADDRESS	60 CAMBRIDGE C
CITY-ST-ZIP	W.P.B. FL	2.4 CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	D	3.1 TITLE	TREASURER
NAME	GOLDSTEIN, HELEN	3.2 NAME	MICHAEL SPILKEN
STREET ADDRESS	67 CAMBRIDGE	3.3 STREET ADDRESS	70 CAMBRIDGE C
CITY-ST-ZIP	W. PALM BEACH FL	3.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33417
TITLE	D	4.1 TITLE	SECRETARY
NAME	BRANDT, SYLVIA	4.2 NAME	JANET BREZIASKI
STREET ADDRESS	CAMBRIDGE C60	4.3 STREET ADDRESS	68 CAMBRIDGE C
CITY-ST-ZIP	W. PALM BEACH FL	4.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33417
TITLE	SD	5.1 TITLE	
NAME	FORMAN, ADELE	5.2 NAME	
STREET ADDRESS	CAMBRIDGE C-65	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Michael Spilken* DATE: 7-10-98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-686-5157

CR2037 (5/98)