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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N38779

1. Corporation Name

CAMBRIDGE C CV CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

RAMPRIHA, JEAN  
65 CAMBRIDGE C  
W. PALM BEACH FL 33417  
US

Michael Spilken  
70 Cambridge C  
West Palm Beach, FL. 33417



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

Michael Spilken  
70 Cambridge C  
West Palm Beach, FL. 33417

3. Date Incorporated or Qualified

06/22/1990

FEI Number

59-1641522

Applied For

Not Applicable

Certificate of Status Desired

\$8.75 Additional Fee Required

Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SPILKEN, MICHAEL  
70 CAMBRIDGE C  
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

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 MICHAEL SPILKEN TD

Michael Spilken

2/1/99

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 DP  
NAME RAMPRISHAD, JEAN  
STREET ADDRESS 65 CAMBRIDGE C  
CITY-ST-ZIP W. PALM BEACH FL 33417

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VPD  
NAME BRANDT, SYLVIA  
STREET ADDRESS 60 CAMBRIDGE C  
CITY-ST-ZIP W.P.B. FL

2.1 TITLE VPD  
2.2 NAME D. BRADLEY MURRAY  
2.3 STREET ADDRESS 62 CAMBRIDGE C  
2.4 CITY-ST-ZIP WEST PALM BEACH, FL 33417

TITLE TD  
NAME SPILKEN, MICHAEL  
STREET ADDRESS 70 CAMBRIDGE C  
CITY-ST-ZIP W. PALM BEACH FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE SD  
NAME BREZINDSKI, JANET  
STREET ADDRESS 68 CAMBRIDGE C  
CITY-ST-ZIP W. PALM BEACH FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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, with all other like empowered.

SIGNATURE: [Signature]

2/1/99 561-686-5151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)