

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90046 023 \*\*\*\*61.25

**DOCUMENT # N38779**

1. Entity Name

**CAMBRIDGE C CV CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

C/O MICHAEL SPILKEN  
 70 CAMBRIDGE C  
 W. PALM BEACH FL 33417  
 US

C/O MICHAEL SPILKEN  
 70 CAMBRIDGE C  
 W. PALM BEACH FL 33417-1312  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1641522**

Applied For

Not Applied For

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPILKEN, MICHAEL**  
**70 CAMBRIDGE C**  
**W. PALM BEACH FL 33417**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	<b>RAMPRISHAD, JEAN</b>	
STREET ADDRESS	<b>65 CAMBRIDGE C</b>	
CITY-ST-ZIP	<b>W. PALM BEACH FL 33417</b>	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	<b>MURRAY, D. BRADLEY</b>	
STREET ADDRESS	<b>62 CAMBRIDGE C.</b>	
CITY-ST-ZIP	<b>W.P.B. FL 32417</b>	
TITLE	TD	<input type="checkbox"/> Delete
NAME	<b>SPILKEN, MICHAEL</b>	
STREET ADDRESS	<b>70 CAMBRIDGE C</b>	
CITY-ST-ZIP	<b>W. PALM BEACH FL</b>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	<b>BREZINDSKI, JANET</b>	
STREET ADDRESS	<b>68 CAMBRIDGE C</b>	
CITY-ST-ZIP	<b>W. PALM BEACH FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additor
NAME	<b>PETER CONDON</b>	
STREET ADDRESS	<b>61 CAMBRIDGE C</b>	
CITY-ST-ZIP	<b>W. PALM BEACH FL 33417</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additor
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additor
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Additor
NAME	<b>SYLVIA BRANDT</b>	
STREET ADDRESS	<b>60 CAMBRIDGE C</b>	
CITY-ST-ZIP	<b>W. PALM BEACH FL 33417</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additor
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Michael Spilken*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-21-00*

Date

*561-686-5157*

Daytime Phone #