

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2001 8:00 am
Secretary of State

08-20-2001 90068 035 ****61.25

0008666

DOCUMENT # N38779

1. Entity Name
CAMBRIDGE C CV CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business C/O MICHAEL SPILKEN 70 CAMBRIDGE C W. PALM BEACH FL 33417 US	Mailing Address C/O MICHAEL SPILKEN 70 CAMBRIDGE C W. PALM BEACH FL 33417 US
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business C/O JOAN R DEVEAU 53 CAMBRIDGE C	3. Mailing Address C/O JOAN R DEVEAU 53 CAMBRIDGE C
--	--

City & State W PALM BEACH, FL	City & State W. PALM BEACH, FL
Zip 33417	Zip 33417
Country PALM BEACH	Country PALM BEACH

4. FEI Number 59-1641522	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**SPILKEN, MICHAEL
 70 CAMBRIDGE C
 W. PALM BEACH FL 33417**

7. Name and Address of New Registered Agent

Name **JOAN R DEVEAU**

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

City **W PALM BEACH** FL Zip Code **33417**

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 *Joan R Deveau* DATE 8/9/01

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

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MURRAY, D. BRADLEY 62 CAMBRIDGE C. W.P.B. FL 32417 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SPILKEN, MICHAEL 70 CAMBRIDGE C W. PALM BEACH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BREZINDSKI, JANET 68 CAMBRIDGE C W. PALM BEACH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LONDON, PETER 61 CAMBRIDGE C WEST PALM BEACH FL 33417 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BRANDT, SYLVIA 60 CAMBRIDGE C WEST PALM BEACH FL 33417 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CONDON, PETER 61 CAMBRIDGE C W. PALM BEACH, FL 33417 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILGOREN, LOIS 56 CAMBRIDGE C W PALM BEACH, FL 33417 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DE VEAU, JOAN R. 53 CAMBRIDGE C W PALM BEACH, FL 33417 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *JOAN R DEVEAU* DATE 8/9/01 PHONE 561-686-0054

CR2E037 (5/01)