

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 23, 2002 8:00 am**  
**Secretary of State**

07-23-2002 90333 048 \*\*\*\*61.25

**DOCUMENT # N38779**

1. Entity Name

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

Principal Place of Business

Mailing Address

C/O JOAN R DE VEAU  
 53 CAMBRIDGE C  
 W. PALM BEACH FL 33417  
 US

C/O JOAN R DE VEAU  
 53 CAMBRIDGE C  
 W. PALM BEACH FL 33417  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

**Seacrest Services, Inc.**  
**P.O.Box 2425**  
**West Palm Beach, FL 33402-2425**

4. FEI Number

**59-1641522**

Applied For  
 Not Applicable

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

**DE VEAU, JOAN R**  
**53 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Delete
NAME	CONDON, PETER	
STREET ADDRESS	61 CAMBRIDGE C.	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SPILEN, MICHAEL	
STREET ADDRESS	70 CAMBRIDGE C.	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WILGDREN, LOIS	
STREET ADDRESS	56 CAMBRIDGE C.	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	DP	<input type="checkbox"/> Delete
NAME	DE VEAU, JOAN R	
STREET ADDRESS	53 CAMBRIDGE C.	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BRANDT, SYLVIA	
STREET ADDRESS	60 CAMBRIDGE C	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT Y. JEAN RAMPRASHAD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	65 CAMBRIDGE C	
CITY-ST-ZIP	W. PALM BEACH, FL 33417	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*JOAN R. DEVEAU* 7/3/02 56-686-0054

CR2E037 (4/02)