


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90355 029 ****61.25

DOCUMENT # N38779	
1. Entity Name CAMBRIDGE C.CV CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business C/O JOAN R DE VEAU 53 CAMBRIDGE C W. PALM BEACH, FL 33417 US	Mailing Address SEACREST SERVICES INC P O BOX 2425 WEST PALM BEACH, FL 33402-2425 US
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2. Principal Place of Business	3. Mailing Address <i>Hallegher P.M., Inc</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <i>905 N.W. 10th St.</i>
City & State	City & State <i>Boynton Bch. Fl.</i>
Zip	Country <i>33426 Palm Bch.</i>

04082004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-1641522	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent: DE VEAU, JOAN R 53 CAMBRIDGE C W. PALM BEACH, FL 33417	7. Name and Address of New Registered Agent
	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee Is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VPD</i> CONDON, PETER 61 CAMBRIDGE C. WEST PALM BEACH, FL 33417	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P</i> RAMPRASJAD, Y. JEAN 65 CAMBRIDGE C WEST PALM BEACH, FL 33417	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director</i> <i>Bradley</i> <i>62 Cambridge C</i> <i>WPB, FL 33417</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SD</i> WILGDREN, LOIS 56 CAMBRIDGE C. WEST PALM BEACH, FL 33417	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice President</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>J</i> DE VEAU, JOAN R 53 CAMBRIDGE C. WEST PALM BEACH, FL 33417	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VPD</i> BRANDT, SYLVIA 60 CAMBRIDGE C WEST PALM BEACH, FL 33417	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Secretary</i> <i>Mr. Wilgoren</i> <i>56 Cambridge C</i> <i>WPB, FL 33417</i>

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: *Peter J. Condon* APRIL 12, 2004
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #