


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90059 047 ****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 GALLAGHER P.M., INC. 905 N.W. 10TH ST. BOYNTON BEACH, FL 33426 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		03302005	Chg-NP CR2E037 (10/03)
		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		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: <i>JOAN R. DE VEAU, TREAS.</i>		SIGNATURE: <i>Joan R De Veau</i> DATE: <i>4/5/05</i>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when re-registering)	
Filing Fee is \$61.25 Due by May 1, 2005		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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONDON, PETER	NAME	
STREET ADDRESS	61 CAMBRIDGE C.	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADLEY, MR.	NAME	D. BRADLEY MURRAY
STREET ADDRESS	65 CAMBRIDGE C	STREET ADDRESS	6A CAMBRIDGE C
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILGDREN, LOIS	NAME	JUDITH MURGRACE
STREET ADDRESS	58 CAMBRIDGE C.	STREET ADDRESS	51 CAMBRIDGE C
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE VEAU, JOAN R	NAME	
STREET ADDRESS	53 CAMBRIDGE C.	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANDT, SYLVIA	NAME	REGINA KINDLER
STREET ADDRESS	60 CAMBRIDGE C	STREET ADDRESS	67 CAMBRIDGE
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILGOREN, MR.	NAME	
STREET ADDRESS	56 CAMBRIDGE C	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	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: <i>JOAN R. DE VEAU</i>		SIGNATURE: <i>Joan R De Veau</i> DATE: <i>4/5/05</i> Daytime Phone #: <i>561-686-0054</i>	
Signature and typed or printed name of signing officer or director		Date	