## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 05, 2007 8:00 am Secretary of State

									Secre	tai y	OIS	iaic
DOCUMENT # N38779  1. Entity Name CAMBRIDGE C CV CONDOMINIUM ASSOCIATION, INC,							07-05-20	•	9 034 ****			
Principal Place of Business C/O IOAN R DE VEAU 53 CAMBRIDGE C W. PALM BEACH, FL 33417 US			Mailing Address C/O JOAN R DE VEAU 53 CAMBRIDGE C W. PALM BEACH, FL 33417 US			US		701s				<b>                                 </b>
2. Principal Place of Business - No P.O. Box #			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					04112007	Chg-NP	CR2E	037 (12/06)	
City & State			Cit	City & State				4. FEI Numbe 59-1641				oplied For ot Applicable
Zip	Zip Country		Ziç	Zip		5. Certificate of Status I			of Status Desired		\$8.75 Add Fee Require	
	6. Name	and Address of Current	Registere	d Agent				7. Name and	Address of New	Registered	d Agent	
DE VEAU, JOAN R						Name			-			
53 CAMBRIDGE C W. PALM BEACH, FL 33417				Street A			ddress (I	P.O. Box Numbe	r is Not Acceptal	ole)		
	· - · ·					City					- Zip Cod	10
City  8. The above named entity submits this statement for the purpose of changing its registered office or registered.						1 - 1 - 1	FL Zip Code					
	named entir tions of regist		or the purp	ose of changing its	registere	о опісе оі	register	ed agent, or bot	n, in the State of i	riorida. Fai	n ramınar wıtı,	, апо ассері
SIGNATURE .	Signature typed	or crinted parts of registered agen	and title it and	JOAN 7	Registered	EAC	/	when reinstating)		4/15	102	
SIGNATURE .	Filing Fe	or printed name of registered agent the is \$61.25 May 1, 2007	and title if app	9. Election Cam Trust Fund C	npaign Fi	nancing	ure required	when reinstating) \$5.00 May B Added to Fees	e Fi		ck payable t	
SIGNATURE	Filing Fe	e is \$61.25		9. Election Cam Trust Fund C	npaign Fi	nancing	<u> </u>	\$5.00 May B	FIANGES TO OFFICE	orida Dep	artment of S	tate
	P CONDON 61 CAMB	oe is \$61.25 May 1, 2007 OFFICERS AND DI	RECTORS	9. Election Cam Trust Fund C	npaign Fil Contribution 11. TITLE NAME	nancing on.	<u> </u>	\$5.00 May B	FI:	orida Dep	artment of S	tate
10. TITLE NAME STREET ADDRESS	P CONDON 61 CAMB WEST PA VP BRADLEY 62 CAMB	oe is \$61.25 May 1, 2007  OFFICERS AND DI I, PETER RIDGE C.	RECTORS	9. Election Carr Trust Fund C	11. TITLE NAME STREE CHY- TITLE NAME STREE	inancing on.		\$5.00 May B Added to Fees ADDITIONS/CHA	FI:	CERS AND I	DIRECTORS IN Change	tate N 10
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P CONDON 61 CAMBI WEST PA VP BRADLEY 62 CAMB WEST PA VP MURGRA 51 CAMB	OFFICERS AND DI I, PETER RIDGE C. ALM BEACH, FL 33417 ACE, JUDITH	RECTORS	9. Election Cam Trust Fund C	TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE STREE STREE	inancing on.  E ET ADDRESS -ST-ZIP  E ET ADDRESS -ST-ZIP		\$5.00 May B Added to Fees ADDITIONS/CHA	ANGES TO OFFIC	CERS AND I	DIRECTORS IN Change	tate N 10 Addition
10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STITLE NAME STREET ADDRESS	P CONDON 61 CAMBI WEST PA VP BRADLEY 62 CAMB WEST PA VP MURGRA 51 CAMB WEST PA T DE VEAU 53 CAMB	OFFICERS AND DI OFFICERS AND DI I, PETER RIDGE C. ALM BEACH, FL 33417 OFFICERS AND DI I, PETER RIDGE CT ALM BEACH, FL 33417 ACE, JUDITH RIDGE C	RECTORS	9. Election Cam Trust Fund C	TITLE NAME STREE CHY-	inancing on.  E ET ADDRESS ST-ZIP  E ET ADDRESS -ST-ZIP  E ET ADDRESS -ST-ZIP	VP PAT 53 W. 1	\$5.00 May B Added to Fees ADDITIONS/CHA RICYA K LAMBRIDI ALM BEA	ANGES TO OFFICE	CERS AND I	artment of S DIRECTORS IN Change Change	tate  √ 10  Addition  Addition
10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS	P CONDON 61 CAMB WEST PA VP BRADLEY 62 CAMB WEST PA VP MURGRA 51 CAMB WEST PA T DE VEAU 53 CAMB WEST PA S KINDLER 67 CAMB	OFFICERS AND DI OFFICERS AND DI I, PETER RIDGE C. ALM BEACH, FL 33417 ACE, JUDITH RIDGE C ALM BEACH, FL 33417	RECTORS	9. Election Carr Trust Fund C	TITLE NAME STREE CITY-	inancing on.  E ET ADDRESS ST-ZIP  E ET ADDRESS -ST-ZIP  E ET ADDRESS -ST-ZIP  E ET ADDRESS -ST-ZIP	VP \$PAT. 52 W. +	\$5.00 May B Added to Fees ADDITIONS/CHA  RICYA K LAMBRID ALM BEA  MILGO AMBRID AMBRID AMBRID AMBRID	ANGES TO OFFICE	33417	Change  Change  Change	tate  1 10  Addition  Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4/15/37 56/-68/ Daytime

Daytime Phone #