## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Feb 14, 2008 8:00 am Secretary of State 02-14-2008 90030 023 \*\*\*\*61.25

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



Mailing Address O(D) DAN PER VEXUS S3 CAMBRIDGE W PALM BEACH, FL 33417 US  2. Principal Flace of Business - No PO Box # PALM BEACH, FL 33417 US  3. Mailing April 4, etc.  3.				1							
Suite. Apt. #, etc.    Suite. Apt. #, etc.   Suite.   Suite.   Cry & Suite   Suite.   A FEI Number   S9-1641522   Applied For   Not Applicable   S9-1641522   Not Applied For   Not	C/O JOAN R I 53 CAMBRID	DE VEAU IGE C	417 US								
City 6 State    City 6 State   City	Principal Place of Business - No P.O. Box #     Mailing Address										
Solidation   Sol	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01222008 Chg	<sub>J</sub> -NP	CR2E03	7 (12/06)	)	
Country 7p Country 5, Conflicate of Status Desired	City & State		City & State				 !		<del>} - +</del>		
Name   Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip	Country		5. Certificate of Stat	5 Certificate of Status Desired  \$8.75 A			dditional	
SIGNATURE    Filling Fee is \$61.25   Debte May 1, 2008   Debte Make Check payable to Florida Department of State   PONDON, PETER   Debte May 1, 2008   Debte Make STREET ADDRESS   CHY-SI-2P   Debte Christ-Japan Make Check payable to Pondon, Peters   Debte May 1, 2008   Debte May 1, 2008   Debte May 1, 2008   Debte Make Check payable to Priorida Department of State		6. Name and Address of Current I	Registered Agent			_7. Name and Addre	ss of New R	egistered A	gent		
SGCAMBRIDGE C W. PALM BEACH, FL 33417  8. The above named entry submits his statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent.  SIGNATURE    Filling Fee is \$81.25				Name							
### CONDON, PETER STREET ADDRESS CITY-ST-2P WEST PALM BEACH, FL 33417    City   FL   Zip Code				-							
B. The above named entry 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    Signiture hood or printed name of lingstered agent and little facicidable.				Street A	Address (P.	O. Box Number is No	ot Acceptable	9)		<del></del>	
B. The above named entry submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent.  SIGNATURE    Signature, book or primed name of imposement agent and life / Applicable. (MOTE Registered Agent separate required when remotating)   DATE				City				F-1	Zip Cc	ode	
SIGNATURE    Signature   Development of State   Section Campaign Financing   Section Campaign Financing									'		
Signature Typed or printed name of registered agent and title if accidentative   POTE   Registered Agent agripature required when revisioning   \$5.00 May Be Added to Fees   Make check payable to Florida Department of State	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.										
Filling Fee is \$61.25 Due by May 1, 2008  9. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees Plorida Department of State  10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  ITILE POWER CONDON, PETER SITER ADDRESS OF CAMBRIDGE C. WEST PALM BEACH, FL 33417   Delete STREET ADDRESS   STREET ADDRESS	10000000000000000000000000000000000000										
Trust Fund Contribution.   Added to Fees   Florida Department of State    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    ITILE   CONDON, PETER   Delete   TITLE   CONDON, PETER   STREET ADDRESS   STREET ADDRESS   CITY-ST-2P    ITILE   CONDON, PETER   Delete   TITLE   CONDON, PETER   MAME   STREET ADDRESS   CITY-ST-2P    ITILE   CONDON, PETER   Delete   TITLE   CONDON, PETER   MAME   CONTROL   CITY-ST-2P    ITILE   CONDON, PETER   Delete   TITLE   CITY-ST-2P    ITILE   CONDON, PETER   MAME   CITY-ST-2P   CITY-ST-2P    ITILE   CONDON, PETER   MAME   CITY-ST-2P    ITILE   CONDON, PETER   MAME   CITY-ST-2P   CITY-ST-2P    ITILE   MAME   MA		Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signa	iture required w	when reinstating)		DATE			
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