

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38779

FILED  
Mar 25, 2011  
Secretary of State

**Entity Name:** CAMBRIDGE C CV CONDOMINIUM ASSOCIATION, INC,

**Current Principal Place of Business:**

53 CAMBRIDGE C  
WEST PALM BEACH, FL 33417 US

**New Principal Place of Business:**

**Current Mailing Address:**

CAMBRIDGE C C/O SEACREST SERVICES INC  
2400 CENTREPARK W DR #175  
WEST PALM BEACH, FL 33409 US

**New Mailing Address:**

**FEI Number:** 59-1641522      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DEVEAU, JOAN  
53 CAMBRIDGE C  
WEST PALM BEACH, FL 33417 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CONDON, PETER  
Address: 61 CAMBRIDGE C  
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: D  
Name: EISENPRESS, SONDR  
Address: 64 CAMBRIDGE C  
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: T  
Name: DEVEAU, JOAN  
Address: 53 CAMBRIDGE C  
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: S  
Name: MUGRACE, JUDITH  
Address: 51 CAMBRIDGE C.  
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: VP  
Name: FIORE, CAROL  
Address: 57 CAMBRIDGE C  
City-St-Zip: WEST PALM BEACH, FL 33417 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GALE CORONA

MGRM

03/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date