FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 PM 2:04

DOCUMENT # 716167 (2)

1. Corporation Name
CAMBERWELL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
11800 AVENUE OF P.G.A. PALM BEACH GARDENS FL 33418	11800 AVENUE OF P.G.A. 11800 AVENUE OF P.G.A #3 PALM BEACH GARDENS FL 33418 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/07/1969
3a. Date of Last Report: 04/01/1994
4. FEI Number: 59-1464573 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ALEXANDER, C.E. 11800 AVE OF PGA, APT 3 PALM BCH GRDNS, FL 33418	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT	1.1 TITLE	☐ Change ☒ Addition
NAME	ALEXANDER, C.E.	1.2 NAME	
STREET ADDRESS	11800 AVE OF THE PGA #3	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GRDNS FL	1.4 CITY-ST-ZIP	33418
TITLE	D	2.1 TITLE	☐ Change ☒ Addition
NAME	WEISS, GLENNA	2.2 NAME	
STREET ADDRESS	11800 AVE OF THE PGA #1	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GRDNS FL	2.4 CITY-ST-ZIP	33418
TITLE	SD	3.1 TITLE	☐ Change ☒ Addition
NAME	CHERNUCHIN, ELAYNE	3.2 NAME	
STREET ADDRESS	11800 AVE OF THE PGA #2	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH.GARDENS FL	3.4 CITY-ST-ZIP	33418
TITLE	D	4.1 TITLE	☐ Change ☒ Addition
NAME	LEVIN, GERALD	4.2 NAME	
STREET ADDRESS	11800 AVE OF THE PGA #20	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH.GARDENS FL	4.4 CITY-ST-ZIP	33418
TITLE	DVP	5.1 TITLE	☐ Change ☒ Addition
NAME	MEEHAN, RICHARD	5.2 NAME	
STREET ADDRESS	11800 AVE OF THE PGA #10	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL	5.4 CITY-ST-ZIP	33418
TITLE		6.1 TITLE	D-ASS'T ☐ Change ☐ Addition
NAME		6.2 NAME	LORRAINE NERO
STREET ADDRESS		6.3 STREET ADDRESS	11800 AVE OF THE PGA, #14
CITY-ST-ZIP		6.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or added on an attachment with an address.

SIGNATURE: C E Alexander Pres 2/6/95 407-626-2628
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone #

0011072