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FILED

Jan 24 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 716167 (2)

1. Corporation Name

CAMBERWELL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

11800 AVENUE OF P.G.A.
PALM BEACH GARDENS FL 33418

Mailing Address

11800 AVENUE OF P.G.A.
11800 AVENUE OF P.G.A. #3
PALM BEACH GARDENS FL 33418-3843
US3. Date Incorporated or Qualified
03/07/19693a. Date of Last Report
02/09/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

59-1464573

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

ALEXANDER, C.E.
11800 AVE OF PGA, APT 3
PALM BCH GRDNS, FL
33418

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PDT	<input type="checkbox"/> DELETE
NAME	ALEXANDER, C.E.	
STREET ADDRESS	11800 AVE OF THE PGA #3	
CITY-ST-ZIP	PALM BCH GRDNS FL 33418	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WEISS, GLENNA	
STREET ADDRESS	11800 AVE OF THE PGA #1	
CITY-ST-ZIP	PALM BCH GRDNS FL 33418	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CHERNUCHIN, ELAYNE	
STREET ADDRESS	11800 AVE OF THE PGA #2	
CITY-ST-ZIP	PALM BCH.GARDENS FL 33418	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEVIN, GERALD	
STREET ADDRESS	11800 AVE OF THE PGA #20	
CITY-ST-ZIP	PALM BCH.GARDENS FL 33418	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	MEEHAN, RICHARD	
STREET ADDRESS	11800 AVE OF THE PGA #10	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	33418
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	33418
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	33418
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	33418
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0041463

CR2E037 (9/96)