

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90275 018 ****61.25

DOCUMENT # 716167 1. Entity Name CAMBERWELL CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business CMC MANAGEMENT INC 2994 JOG ROAD, SUITE B GREENACRES, FL 33467		Mailing Address CMC MANAGEMENT INC 2994 JOG ROAD, SUITE B GREENACRES, FL 33467 US	
2. Principal Place of Business - No P.O. Box # CMC Management Inc Suite, Apt. #, etc. 2950 Jog Road City & State Greenacres, FL Zip 33467 Country US		3. Mailing Address CMC Management Inc Suite, Apt. #, etc. 2950 Jog Road City & State Greenacres, FL Zip 33467 Country US	
4. FEI Number 59-1464573		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GLENNON, THOMAS F 11800 AVE OF THE PGA APT 1 PALM BEACH GARDENS, FL 33418		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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.			
SIGNATURE _____ Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE:			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GLENNON, THOMAS F 11800 AVE OF THE PGA #1 PALM BEACH GARDENS, FL 33418	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HARVEY SHARP 11800 AVE OF THE PGA #4 P.B. GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, GEORGE 11800 AVE OF THE PGA #5 PALM BEACH GARDENS, FL 33418	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHIALEY GAISPI 11800 AVE OF THE PGA #17 P.B. GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GLENNON, VALERIE 11800 AVE. OF THE PGA #1 PALM BCH.GARDENS, FL 33413	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HUGHES, DONNA 11800 AVE OF THE PGA, #7 PALM BCH.GARDENS, FL 33418	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD THOMAS, JOANN 11800 AVE OF THE PGA #5 PALM BEACH GARDENS, FL 33418	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED EDWARD HABERKORN 11800 AVE OF THE PGA #13 P.B. GARDENS FL 33418	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4-18-07 Daytime Phone 561-641-1016	