

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716167

Entity Name: CAMBERWELL CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**CMC MANAGEMENT INC
2950 JOG ROAD
GREENACRES, FL 33467**Current Mailing Address:**CMC MANAGEMENT INC
2950 JOG ROAD
GREENACRES, FL 33467 US**FEI Number: 59-1464573****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GLENNON, THOMAS F
11800 AVE OF THE PGA APT 1
PALM BEACH GARDENS, FL 33418 US*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**Officer/Director Detail :**

Title	PD
Name	GLENNON, THOMAS F
Address	11800 AVE OF THE PGA #1
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	VP
Name	SHARE, HARVEY
Address	11800 AVE OF THE PGA 4
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	S, DIRECTOR
Name	THOMAS, JOANNE
Address	11800 AVE OF THE PGA #5
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	DIRECTOR
Name	VILAVERDE, SALVADOR
Address	11800 AVE OF THE PGA # 17
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	TREASURER, DIRECTOR
Name	ROY, CRAIG
Address	11800 AVE OF THE PGA #14
City-State-Zip:	PALM BEACH GARDENS FL 33418

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: THOMAS GLENNON**PRESIDENT****03/30/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date