## **2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 731295** 

Entity Name: CAMBRIDGE "F" CONDONINIUM ASSOCIATION, INC.

FILED Feb 02, 2022 Secretary of State 8936149179CC

## **Current Principal Place of Business:**

3124 CAMBRIDGE F

DEERFIELD BEACH, FL 33442

## **Current Mailing Address:**

2101 CENTRE PARK WEST DRIVE

SUITE 110

WEST PALM BEACH. FL 33409 US

FEI Number: 59-1906118 Certificate of Status Desired: No.

## Name and Address of Current Registered Agent:

CAPLAN, LINN 3124 CAMBRIDGE F

DEERFIELD BEACH, FL 33442 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: LINN CAPLAN 02/02/2022

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT, DIRECTOR Title SECRETARY, DIRECTOR

NameCAPLAN, LINNNameDENIS, MADELINEAddress3124 CAMBRIDGE FAddress4127 CAMBRIDGE F

City-State-Zip: DEERFIELD BEACH FL 33442 City-State-Zip: DEERFIELD BEACH FL 33442

Title DIRECTOR Title DIRECTOR

NameMC CALLUM, MADELINENameYVES CLICHE, JEANAddress1127 CAMBRIDGE FAddress4137 CAMBRIDGE F

City-State-Zip: DEERFIELD BEACH FL 33442 City-State-Zip: DEERFIELD BEACH FL 33442

Title VP Title TREASURER

NameLUSSIER, LUCNameJOHANNS, SONYAAddress1138 CAMBRIDGE FAddress1137 CAMBRIDGE F

City-State-Zip: DEERFIELD BEACH FL 33442 City-State-Zip: DEERFIELD BEACH FL 33442

Title DIRECTOR

Name LACHANCE, GILBERT
Address 3121 CAMBRIDGE F

City-State-Zip: DEERFIELD BEACH FL 33442

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: LINN CAPLAN PRESIDENT 02/02/2022