

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 731295

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

**Current Principal Place of Business:**

3124 CAMBRIDGE F  
DEERFIELD BEACH, FL 33442

**Current Mailing Address:**

2101 CENTREPARK W DR #110  
WEST PALM BEACH, FL 33409 US

**FEI Number: 59-1906118**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SEACREST SERVICES  
2101 CENTRE PARK WEST DRIVE SUITE 110  
SUITE 110  
WEST PALM BEACH, FL 33409 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: JAMES MCLEAR**

**02/04/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            CAPLAN, LINN  
Address        3124 CAMBRIDGE F  
City-State-Zip: DEERFIELD BEACH FL 33442

Title            TREASURER  
Name            CLOUTHIER, LOUISE  
Address        1134 CAMBRIDGE F  
City-State-Zip: DEERFIELD BEACH FL 33442

Title            SECRETARY  
Name            DENIS, MADELINE  
Address        4127 CAMBRIDGE F  
City-State-Zip: DEERFIELD BEACH FL 33442

Title            DIRECTOR  
Name            MCCALLUM, MADELINE  
Address        1127 CAMBRIDGE F  
City-State-Zip: DEERFIELD BEACH FL 33442

Title            DIRECTOR, VP  
Name            YVES CLICHE, JEAN  
Address        4137 CAMBRIDGE F  
City-State-Zip: DEERFIELD BEACH FL 33442

Title            DIRECTOR  
Name            RATELLE, YVON  
Address        4135 CAMBRIDGE F  
City-State-Zip: DEERFIELD BEACH FL 33442

Title            DIRECTOR  
Name            LUSSIER, LUC  
Address        1138 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**

**02/04/2020**

Electronic Signature of Signing Officer/Director Detail

Date