

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 731295

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

**Current Principal Place of Business:**

3131 CAMBRIDGE F  
DEERFIELD BEACH, FL 33442

**Current Mailing Address:**

2400 CENTREPARK W DR #175  
WEST PALM BEACH, FL 33409 US

**FEI Number: 59-1906118**

**Certificate of Status Desired: No**

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

SEACREST SERVICES  
2400 CENTREPARK W DR  
SUITE 175  
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: JAMES MCLEAR**

**01/19/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MCLEAR, JAMES  
Address        3131 CAMBRIDGE F  
City-State-Zip: DEERFIELD BEACH FL 33442

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

Title            TREASURER  
Name            AUBE, ALAIN  
Address        2125 CAMBRIDGE F  
City-State-Zip: DEERFIELD BEACH FL 33442

Title            SECRETARY  
Name            PION, FRANCINE  
Address        3134 CAMBRIDGE F  
City-State-Zip: DEERFIELD BEACH FL 33442

Title            DIRECTOR  
Name            ROSENZWEIG, MICHAEL  
Address        3126 CAMBRIDGE F  
City-State-Zip: DEERFIELD BEACH FL 33442

Title            DIRECTOR  
Name            HINCH, BILL  
Address        1140 CAMBRIDGE F  
City-State-Zip: DEERFIELD BEACH FL 33442

Title            DIRECTOR  
Name            YVES CLICHE, JEAN  
Address        4137 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: JAMES MCLEAR**

**PRESIDENT**

**01/19/2018**

Electronic Signature of Signing Officer/Director Detail

Date