


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # 707705 1. Entity Name THE CAMBRIDGE CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 1710 SOUTH OCEAN BOULEVARD DELRAY BEACH, FL 33483	Mailing Address 1710 SOUTH OCEAN BOULEVARD DELRAY BEACH, FL 33483 US
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01292007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0692546	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MANTOV, PETER 1710 SOUTH OCEAN BLVD APT 1 NORTH DELRAY BEACH, FL 33483
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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: <u>Vivian Hill Sec</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<u>Hill Sec</u> <u>2/7/07</u> <small>(NOTE: Registered Agent signature required when re-registering) DATE</small>

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BENNETT, JOYCE 1710 S OCEAN BLVD., APT. 1 SOUTH DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANTOVI, PETER 1710 S OCEAN BLVD APT 1 NORTH DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HILL, VIVIAN 1710 S OCEAN BLVD APT 2 SOUTH DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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DO NOT WRITE IN THIS SPACE

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: <u>Vivian Hill Sec</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>Hill Sec</u> <u>2/7/07</u> <u>561-278-3061</u> <small>Daytime Phone #</small>