

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90379 039 ****61.25

DOCUMENT # 716167

1. Entity Name
CAMBERWELL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**11800 AVENUE OF P.G.A.
PALM BEACH GARDENS, FL 33418**

Mailing Address
**11800 AVENUE OF P.G.A.
11800 AVENUE OF P.G.A. #1
PALM BEACH GARDENS, FL 33418 US**

40061336



2. Principal Place of Business

CMC Management Inc.
Suite, Apt. #, etc.
2994 Jog Road, Suite B
City & State
Greenacres FL
Zip
33467 Country
US

3. Mailing Address

CMC Management Inc.
Suite, Apt. #, etc.
2994 Jog Road, Suite B
City & State
Greenacres FL
Zip
33467 Country
US

04172006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-1464573

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GLENNON, THOMAS F
11800 AVE OF THE PGA APT 1
PALM BEACH GARDENS, FL 33418

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GLENNON, THOMAS F	
STREET ADDRESS	11800 AVE OF THE PGA #1	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE	TD	<input type="checkbox"/> Delete
NAME	THOMAS, GEORGE	
STREET ADDRESS	11800 AVE OF THE PGA #5	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GLENNON, VALERIE	
STREET ADDRESS	11800 AVE. OF THE PGA #1	
CITY-ST-ZIP	PALM BCH.GARDENS, FL 33418	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HUGHES, DONNA	
STREET ADDRESS	11800 AVE OF THE PGA, #7	
CITY-ST-ZIP	PALM BCH.GARDENS, FL 33418	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, JOANN	
STREET ADDRESS	11800 AVE OF THE PGA #5	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Thomas, George	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11800 Ave of the PGA #5	
STREET ADDRESS	Palm Beach Gardens, FL 33418	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD Thomas, Joann	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11800 Ave of the PGA #5	
STREET ADDRESS	Palm Beach Gardens, FL 33418	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Thomas F. Glennon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/06
Date

561-641-1016
Daytime Phone #