2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2009
Secretary of State

DOCUMENT# 716167

Entity Name: CAMBERWELL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

CMC MANAGEMENT INC
2950 JOG ROAD
GREENACRES, FL 33467

New Principal Place of Business:

Current Mailing Address:

CMC MANAGEMENT INC
2950 JOG ROAD
GREENACRES, FL 33467 US

New Mailing Address:

FEI Number: 59-1464573 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	GLENNON, THOMAS F	
Address:	11800 AVE OF THE PGA #1	
City-St-Zip:	PALM BEACH GARDENS, FL 33418	
Title:	VPD	( ) Delete
Name:	SHARE, HARVEY	
Address:	11800 AVE OF THE PGA 4	
City-St-Zip:	PALM BEACH GARDENS, FL 33418	
Title:	SD	( ) Delete
Name:	GRISPI, SHIRLEY	
Address:	11800 AVE OF THE PGA #17	
City-St-Zip:	PALM BEACH GARDENS, FL 33418	
Title:	D	( ) Delete
Name:	THOMAS, JOANN	
Address:	11800 AVE OF THE PGA #5	
City-St-Zip:	PALM BEACH GARDENS, FL 33418	
Title:	TD	( ) Delete
Name:	HABERKORN, EDWARD	
Address:	11800 AVE OF THE PGA #13	
City-St-Zip:	PALM BEACH GARDENS, FL 33418	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: THOMAS GLENNON P 03/13/2009

Electronic Signature of Signing Officer or Director — Date