

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 20 PM 12: 16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 762503 (1)

1. Corporation Name

CAMBRIDGE VILLAGE WEST CONDOMINIUM OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**6500 HERITAGE LANE
BRADENTON FL 34209**

**6500 HERITAGE LANE
BRADENTON FL 34209**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/19/1982

3a. Date of Last Report

04/05/1994

4. FEI Number

59-2214672

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

Trust Fund Contribution

7. Nonprofit with IRS 501(c)(3)

☐

**\$68.75 Supplemental
Fee Not Required**

Tax Exempt Status

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KROEGER, RONALD H.
2611 47TH STREET, WEST
BRADENTON FL 34209**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **MERHOFF, JULIA**
STREET ADDRESS **6308 26TH AVE W**
CITY-ST-ZIP **BRADENTON FL**

1.1 TITLE **P/D KNAB, HAROLD**
1.2 NAME **2614 LT ST. W.**
1.3 STREET ADDRESS **BRADENTON, FL**
1.4 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE **VD**
NAME **KOCJAN, ALBERT**
STREET ADDRESS **6507 26TH AVE W**
CITY-ST-ZIP **BRADENTON FL**

2.1 TITLE **V/D**
2.2 NAME **MYERS, DEAN**
2.3 STREET ADDRESS **6604 26 AVE. W.**
2.4 CITY-ST-ZIP **BRADENTON, FL**

☐ Change ☒ Addition

TITLE **SD**
NAME **FERACANE, MAE**
STREET ADDRESS **6408 26TH AVE W**
CITY-ST-ZIP **BRADENTON FL**

3.1 TITLE **S/D**
3.2 NAME **MISENER, ALBERTA**
3.3 STREET ADDRESS **2612 66 ST. E. W.**
3.4 CITY-ST-ZIP **BRADENTON, FL**

☐ Change ☒ Addition

TITLE **TD**
NAME **TROXLER, HELEN**
STREET ADDRESS **6512 HERITAGE LANE**
CITY-ST-ZIP **BRADENTON FL**

4.1 TITLE **D**
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE **D**
NAME **TATE, MILDRED**
STREET ADDRESS **6601 26TH AVE W**
CITY-ST-ZIP **BRADENTON FL**

5.1 TITLE **T/D**
5.2 NAME **LONG, ROBERT**
5.3 STREET ADDRESS **6306 HERITAGE LN.**
5.4 CITY-ST-ZIP **BRADENTON, FL**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE **D**
6.2 NAME **FOUT, ROBERT**
6.3 STREET ADDRESS **6202 HERITAGE LN.**
6.4 CITY-ST-ZIP **BRADENTON, FL**

☐ Change ☒ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT LONG

4-14-91

813-792-7873

(Date)

(Telephone Number)