FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: 03/19/1982

3a. Date of Last Report: 04/20/1995

2. Principal Place of Business
21 Harmony Management, Inc.
22 Suite, Apt. #, etc. 4400 El Conquistador Pkwy Ste.13
23 City & State Bradenton, FL 34210
24 Zip
25 Country Manatee

2a. Mailing Address
26 Harmony Management, Inc.
27 Suite, Apt. #, etc. 4400 El Conquistador Pkwy Ste. 13
28 City & State Bradenton, FL 34210
29 Zip
30 Country Manatee

4. FEI Number: 59-2214672 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: JULIA P. MERHOFF
82 Street Address (P.O. Box Number is Not Acceptable): 6308 26TH AVE. WEST
83
84 City: BRADENTON FL 85 Zip Code: 34209

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: JULIA P. MERHOFF CAM — 3-7-96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KNAB, HAROLD 2614 67 ST W. BRADENTON FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD SCHROCK, DELORES 2602 67th STREET WEST BRADENTON, FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MYERS, DEAN 6604 26 AVENUE W. BRADENTON FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	SD OTTY, DEENA 6508 26th AVENUE WEST BRADENTON, FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MISENER, ALBERTA 2612 66 ST. C1 W. BRADENTON FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D MULFORD, MARY 6309 26th AVENUE WEST BRADENTON, FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TROXLER, HELEN 6512 HERITAGE LANE BRADENTON FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D WALLACE, PATRICIA 6312 26th AVENUE WEST BRADENTON, FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LONG, ROBERT 6202 HERITAGE LN BRADENTON FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FOUT, ROBERT 6202 HERITAGE LN BRADENTON FL	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

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 119.07(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: _____ 3/7/96 (941) 792-8253
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #