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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **762503** **(1)**

1. Corporation Name

CAMBRIDGE VILLAGE WEST CONDOMINIUM OWNERS ASSOCI ATION, INC.

Principal Place of Business	Mailing Address
HARMONY MANAGEMENT, INC. 4400 EL CONQUISTADOR PKWY. STE 13 BRADENTON FL 34210 US	HARMONY MANAGEMENT, INC. 4400 EL CONQUISTADOR PKWY. STE 13 BRADENTON FL 34210-4036 US

3. Date Incorporated or Qualified: 03/19/1982
3a. Date of Last Report: 03/12/1996

2. Principal Place of Business
21 CAMBRIDGE VILLAGE WEST
Suite, Apt. #, etc.
22 6500 HERITAGE LANE
City & State
23 BRADENTON, FL
Zip 24 34209 Country 25 MANATEE

2a. Mailing Address
26 CAMBRIDGE VILLAGE WEST
Suite, Apt. #, etc.
27 6500 HERITAGE LANE
City & State
28 BRADENTON, FL
Zip 29 34209 Country 30 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

MERHOFF, JULIA P.
6308 26TH AVE WEST
BRADENTON FL 34209

10. Name and Address of New Registered Agent

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SCHROCK, DELORES		1.2 NAME		
STREET ADDRESS	2602 67TH ST WEST		1.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MYERS, DEAN		2.2 NAME		
STREET ADDRESS	6604 26 AVENUE W.		2.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL		2.4 CITY-ST-ZIP		
TITLE	SD	☑ DELETE	3.1 TITLE	SD	☐ Change ☑ Addition
NAME	OTTY, DEENA		3.2 NAME	O'BRIEN, DONALD	
STREET ADDRESS	6508 26TH AVE W		3.3 STREET ADDRESS	6410 HERITAGE LANE	
CITY-ST-ZIP	BRADENTON FL		3.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	4.1 TITLE	TD	☐ Change ☑ Addition
NAME	TROXLER, HELEN		4.2 NAME	MERHOFF, JULIA P.	
STREET ADDRESS	6512 HERITAGE LANE		4.3 STREET ADDRESS	6308 26TH AVE. WEST	
CITY-ST-ZIP	BRADENTON FL		4.4 CITY-ST-ZIP		
TITLE	TD	☑ DELETE	5.1 TITLE	D	☐ Change ☑ Addition
NAME	LONG, ROBERT		5.2 NAME	FOX, RUTH	
STREET ADDRESS	6202 HERITAGE LN		5.3 STREET ADDRESS	2615 66TH ST. CIR. WEST	
CITY-ST-ZIP	BRADENTON FL		5.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	6.1 TITLE	D	☐ Change ☑ Addition
NAME	MULFORD, MARY		6.2 NAME	RATZMANN, ROY	
STREET ADDRESS	6309 26TH AVE W		6.3 STREET ADDRESS	6301 26TH AVE. WEST	
CITY-ST-ZIP	BRADENTON FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [illegible] DATE: 04/28/1997