

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 03, 1999 8:00 am  
Secretary of State

05-03-1999 90075 042 \*\*\*\*61.25

DOCUMENT # 762503

1. Corporation Name

CAMBRIDGE VILLAGE WEST CONDOMINIUM OWNERS ASSOCIATION, INC.

Principal Place of Business

%CAMBRIDGE VILLAGE WEST  
6500 HERITAGE LN  
BRADENTON FL 34209  
US

Mailing Address

%CAMBRIDGE VILLAGE WEST  
6500 HERITAGE LN  
BRADENTON FL 34209  
US

4 7 2 1 2 9  
472129 - 90075 - 42 9 \*



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

03/19/1982

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

9. Name and Address of Current Registered Agent

LONG, ROBERT  
6206 HERITAGE, LN  
BRADENTON FL 34209

10. Name and Address of New Registered Agent

81 Name BRAND, LELAND

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

6412 26TH AVE W.

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 Leland H. Brand LELAND H. BRAND

4-15-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME FRASER, JOHN  
STREET ADDRESS 6506 26TH AVE W  
CITY-ST-ZIP BRADENTON FL

TITLE D  
NAME HUGHES, SALLY  
STREET ADDRESS 2603 67TH ST W  
CITY-ST-ZIP BRADENTON FL

TITLE TD  
NAME LONG, ROBERT  
STREET ADDRESS 6206 HERITAGE LN  
CITY-ST-ZIP BRADENTON FL

TITLE VD  
NAME WISNIEWSKI, VINCENT  
STREET ADDRESS 2617 67TH ST W  
CITY-ST-ZIP BRADENTON FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE TD  
3.2 NAME BRAND, LELAND  
3.3 STREET ADDRESS 6412 26TH AVE. W.  
3.4 CITY-ST-ZIP BRADENTON, FL

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

5.1 TITLE SD  
5.2 NAME RICHARDSON, SCOTT  
5.3 STREET ADDRESS 6506 HERITAGE LN.  
5.4 CITY-ST-ZIP BRADENTON, FL

6.1 TITLE D  
6.2 NAME CANNON, JOAN  
6.3 STREET ADDRESS 6408 26TH AVE W.  
6.4 CITY-ST-ZIP BRADENTON, FL

14. I 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, with all other like empowered.

SIGNATURE: Leland H. Brand LELAND H. BRAND

4-15-99

(441) 792-7873

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)