

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90080 015 ****61.25

DOCUMENT # N00425 1. Entity Name CAMBRIDGE J CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business STERLING MANAGEMENT INC 1701-B RICKENBACKER DRIVE SUN CITY CENTER, FL 33573		Mailing Address STERLING MANAGEMENT INC 1701-B RICKENBACKER DRIVE SUN CITY CENTER, FL 33573	
2. Principal Place of Business - No P.O. Box # Sterling Management 1904 Clubhouse Drive Sun City Center, FL 33573		3. Mailing Address Apt. #, etc. State Country	
		4. FEI Number 59-2142972	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAW OFFICES OF JAMES DE FURIO 201 E KENNEDY BLVD STE 1460 TAMPA, FL 33602		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GREEN, DEBBIE 102 CAMBRIDGE TRAIL J-232 SUN CITY CENTER, FL 33573	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PP Sundeen, Virginia 102 Cambridge Trail, J-217 Sun City Center FL 33573
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RICE, EUNICE 102 CAMBRIDGE TRAIL J-222 SUN CITY CENTER, FL 33573	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD APPEL, PAT 102 Cambridge Trail, J-224 Sun City Center FL 33573
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MCAFEY, WILLIAM 102 CAMBRIDGE TRAIL J-225 SUN CITY CENTER, FL 33573	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REID, KEN 102 CAMBRIDGE TR J 219 SUN CITY CENTER, FL 33573	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SUNDEEN, VIRGINIA 102 CAMBRIDGE TR J-217 SUN CITY CENTER, FL 33573	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Deborah A. Green - treas.</u>		<u>3/5/08</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		/Date Daytime Phone #	