

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-29-2008 90080 018 \*\*\*\*61.25

<b>DOCUMENT # N04991</b> 1. Entity Name CAMBRIDGE M CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business STERLING MANAGEMENT, IC. 1701-B RICKENBACKER DRIVE SUN CITY CENTER, FL 33573		Mailing Address STERLING MANAGEMENT, IC. 1701-B RICKENBACKER DRIVE SUN CITY CENTER, FL 33573	
2. Principal Place of Business - No P.O. Box # S Sterling Management 1904 Clubhouse Drive Sun City Center, FL 33573		3. Mailing Address I. #, etc. ate Country	
		4. FEI Number 59-2155962	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAW OFF. J. R. DE FURIO, P.A. 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 <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CANTER, THOMAS 1904 CANTERBURY LN. M-9 SUN CITY CENTER, FL 33573	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Bruggen, Walter 616 Lillian Pinecrest Road Brandon FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GLEASON, JIM 1904 CANTERBURY LN. M7 SUN CITY CENTER, FL 33573	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Davidson, Sheila 1904 Canterbury Lane, M-3 Sun City Center FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DONOVAN, DOROTHY 1904 CANTERBURY LN M-1 SUN CITY CENTER, FL 33573	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KELLY, AUSTIN 1904 CANTERBURY LN., M-4 SUN CITY CENTER, FL 33573	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SENDROWSKY, TONY 1904 CANTERBURY LN M-12 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.			
<b>SIGNATURE:</b> <i>Thomas Canter</i> <b>THOMAS CANTER PRES.</b>		Date <b>3-13-08</b> Daytime Phone # <b>634-9992</b>	