FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 3:10

DOCUMENT # N34754 (4)

1. Corporation Name

CAMBRIDGE AT WYCLIFFE HOMEOWNERS' ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
% RICHARD W. MORRISON 4875 N. FEDERAL HIGHWAY 10TH FLOOR FORT LAUDERDALE FL 33308	% RICHARD W. MORRISON 4875 N. FEDERAL HIGHWAY 10TH FLOOR FORT LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/18/1989
3a. Date of Last Report: 02/21/1994
4. FEI Number: 65-0284510 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MORRISON, RICHARD W ESQ
4875 N. FEDERAL HIGHWAY
10TH FLOOR
FT. LAUDERDALE FL 33308

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 607.0502 and 607.1508, 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 607.0505, 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	VP	1.1 TITLE	P/D ☒ Change ☐ Addition
NAME	GULLA, DOMINIC	1.2 NAME	Sal Spano
STREET ADDRESS	5295 TIFFANY ANNE CIRCLE	1.3 STREET ADDRESS	4150 Wycliffe C.C. Blvd
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	Lake Worth, FL 33467
TITLE	AS	2.1 TITLE	VP/D ☒ Change ☐ Addition
NAME	COLLINS, BARBARA	2.2 NAME	Nancy Walsh
STREET ADDRESS	5295 TIFFANY ANNE CIRCLE	2.3 STREET ADDRESS	4150 Wycliffe C.C. Blvd
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	Lake Worth, FL 33467
TITLE	AT	3.1 TITLE	S/T/D ☒ Change ☐ Addition
NAME	MORRISON, RICHARD W	3.2 NAME	Dean Borg
STREET ADDRESS	4875 N. FEDERAL HIGHWAY, 10TH FLOOR	3.3 STREET ADDRESS	11015 Yamato Rd.
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	Boca Raton, FL 33498
TITLE	PTD	4.1 TITLE	☐ Change ☐ Addition
NAME	CAMPANELLI, JOSEPH	4.2 NAME	Delete
STREET ADDRESS	5295 TIFFANY ANNE CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE	VPSD	5.1 TITLE	☐ Change ☐ Addition
NAME	CAMPANELLI, NICHOLAS	5.2 NAME	Delete
STREET ADDRESS	5295 TIFFANY ANNE CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP	
TITLE	VSD	6.1 TITLE	☐ Change ☐ Addition
NAME	CAMPANELLI, ALFRED	6.2 NAME	Delete
STREET ADDRESS	5295 TIFFANY ANNE CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	6.4 CITY-ST-ZIP	

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: _____ 2/1/95 (407) 642-3304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0045785