

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N34754 (4)

1. Corporation Name

CAMBRIDGE AT WYCLIFFE HOMEOWNERS' ASSOCIATION, I
NC.

Principal Place of Business

Mailing Address

~~% RICHARD W. MORRISON~~ ~~% RICHARD W. MORRISON~~
~~4875 N. FEDERAL HIGHWAY 10TH FLOOR~~ ~~4875 N. FEDERAL HIGHWAY 10TH FLOOR~~
~~FORT LAUDERDALE FL 33308~~ ~~FORT LAUDERDALE FL 33308~~



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 5295 Town Center Rd
22 City & State 27 Suite, Apt. #, etc. 200
23 Boca Raton 28 City & State
24 Zip 25 Country 29 FL 33889 30 USA

3. Date Incorporated or Qualified

10/18/1989

3a. Date of Last Report

02/16/1995

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

8. This corporation has liability for intangible tax under s. 193.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name ISAACSON, WILLIAM K
82 Street Address (P.O. Box Number is Not Acceptable)
83 5295 Town Center Road #200
84 City Boca Raton FL 85 33886

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

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

(NOTE: Registered Agent signature required when registering)

4/22/96

12. OFFICERS AND DIRECTORS

TITLE ~~PD~~ ☒ DELETE
NAME ~~SPANO, SAL~~
STREET ADDRESS ~~4150 WYCLIFFE CC BLVD~~
CITY-ST-ZIP ~~LAKE WORTH FL~~
TITLE ☐ DELETE
NAME WALSH, NANCY
STREET ADDRESS 4150 WYCLIFFE CC BLVD
CITY-ST-ZIP LAKE WORTH FL
TITLE ☐ DELETE
NAME BORG, DEAN
STREET ADDRESS 11015 YAMATO ROAD
CITY-ST-ZIP BOCA RATON FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☒ Addition
4.2 NAME PD
4.3 STREET ADDRESS PMMY BRUNER
4.4 CITY-ST-ZIP 4150 WYCLIFFE CC BLVD
LAKE WORTH FL
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

800001831558

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy Walsh

Date

4/22/96

Daytime Phone #

750-8800

CR2E037 (12/95)