FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

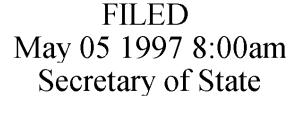
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(4)

CAMBRIDGE AT WYCLIFFE HOMEOWNERS' ASSOCIATION, I NC.

Principal Place of Business

Mailing Address





\$295 TOWN CE	NIER RD.	5295 TOWN GENTER RU. 200					
BOCA RATON FL 33489		BOCA RATON FL 33486-1088					
					3. Date Incorporated or Qualified 10/18/1989	3a. Date of Last Repo 05/01/1996	ərt
	lace of Business	2a. Mailing Address			4. FEI Number	Applie	ed For
21		26			65-0284510	Not A	pplicable
Suite, Api. #, etc. 22 Suite 200		Suite, Apt. #, etc.			5. Certificate of Status Desired	S8.75 Add Fee Requi	
City & State		City & State			6. Election Campaign Financing	\$5.00 ма	ıv Be
23		28			Trust Fund Contribution	Added to F	
zip 3 3	486 25 US	21p 3 3486	Coun	ry LS		Yes No	19.032,
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Re	gistered Agent	
ISAACSON, WIILIAM K O/O LANG MANAGEMENT OO., INC. 5295 TOWN CENTER ROAD # 200 BOCA RATON FL 33486 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the				52 Street 529 529 53 SU 64 City 6	Address (P.O. Box Number is Not Accepted 75 TOWN CENTER K	FL 85 Zip Cog	986 186
I office or re	egistered agent, or both, in the State m familiar with, and accept the obligations.	of Florida, Such change was au	uthorized	by the cord	corporation's dollars this statement for the population's board of directors. I hereby accep	t the appointment as reg	jistered
SIGNATURE _	Signature, typed or printed name of registered ago	et and title if and cable. /NOTE	Pagistarad	Accel procedure	required when reinstating)	DATE	
12.	OFFICERS AND		13.	Secil Biglialore	ADDITIONS/CHANGES TO OFFIC	· · · · · · · · · · · · · · · · · · ·	N 12
TITLE	PD	DELETE	1.1 TITL	E		······································	Addition
NAME	BRUNER, TOMMY		1.2 NAM	(E		/ •	
STREET ADDRESS	4150 WYCLIFFE CC BLVD		1.B STR	EET ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL	RTH FL 1.4		/- S1 - ZIP	LARE WORTH KI	33467	
TITLE	VPD	DELETE	2.1 TITL	E	LAKE WORTH, KL	Change [Addition
NAME	WALSH, NANCY 22		2.2 NAN	ME .		•	
STREET ADDRESS			2.3 STR	EET ADDRESS		-	
CITY-ST-ZIP			2. 4 CIT	Y-ST-ZIP	LAKE WORTH, A	⁷ 2 33467	
TITLE	STD	DELETE	3.1 TITL	E	,	Change	Addition
NAME	Borg, Dean		3.2 NAM	1E			
STREET ADDRESS	11015 YAMATO ROAD		3.3 STR	EET ADDRESS	1000 CHAT MODEL A	coau, outre	7/0
CITY-ST-ZIP	BOCA RATON FL		3.4. CIT	Y-ST-ZIP	1000 CLINT MOORE A BOCA RATON, AL	33487	
TITLE	3	DELETE	4.1 TITL	E	•	☐ Change ☐	Addition
NAME			4. 2 NA	VIE .			
STREET ADDRESS			43 STR	EET ADDRESS			ĺ
CITY-ST-ZIP			4.4 C(1)	-ST-ZIP			
TITLE		∐ DELETE	5.1 TITE	E		L.) Change	Addition
NAME			5.2 NAM	AE .			
STREET ADDRESS			5.3 STR	eet address			
CITY-ST-ZIP			5,4 C(T	r-ST-ZIP			
TITLE		☐ DELETE	6.1 TITL	E		☐ Change	Addition
NAME			62 NAN	AE .			
STREET ADDRESS			6.3 S1R	eet address			
CITY-ST-ZIP				(-ST-ZIP			
did I do borne	ou earlify that the information expelies	d with this filing done not availe.			totad in Caption 110 07/3)/// Elorida Ctatula	a I forestant annutifor that then	. — ¬

olymental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that pecivior or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name an attachment with an address. 561-968-0044 TOMMYBRUKER