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May 05 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

**5295 TOWN CENTER RD.
200
BOCA RATON FL 33489**

**5295 TOWN CENTER RD.
200
BOCA RATON FL 33486-1088**

3. Date Incorporated or Qualified
10/18/1989

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 200**

27 **Suite 200**

23 City & State

28 City & State

24 Zip **33486**

Country **US**

29 Zip **33486**

Country **US**

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. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ISAACSON, WILLIAM K
~~610 LANG MANAGEMENT CO., INC.~~
5295 TOWN CENTER ROAD # 200
BOCA RATON FL 33486**

81 Name **WILLIAM K. ISAACSON, SAME**
82 Street Address (P.O. Box Number is Not Acceptable)
5295 TOWN CENTER ROAD
83 **SUITE 200**
84 City **BOCA RATON** FL 85 Zip Code **33486**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **BRUNER, TOMMY**
STREET ADDRESS **4150 WYCLIFFE CC BLVD**
CITY-ST-ZIP **LAKE WORTH FL**

1.1 TITLE ☒ Change ☐ Addition

TITLE **VPD** ☐ DELETE

NAME **WALSH, NANCY**
STREET ADDRESS **4150 WYCLIFFE CC BLVD**
CITY-ST-ZIP **LAKE WORTH FL**

1.2 NAME ☒ Change ☐ Addition

TITLE **STD** ☐ DELETE

NAME **BORG, DEAN**
STREET ADDRESS **11015 YAMATO ROAD**
CITY-ST-ZIP **BOCA RATON FL**

1.3 STREET ADDRESS **LAKE WORTH, FL 33467**
1.4 CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE ☐ DELETE

NAME ☐ Change ☐ Addition
STREET ADDRESS **1000 CLINT MOORE ROAD, SUITE 110**
CITY-ST-ZIP **BOCA RATON, FL 33487**

TITLE ☐ DELETE

NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 as an attachment with an address.

TOMMY BRUNER

561-968-0044

CR2E037 (9/96)