

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 # 730772 (1)
1. Corporation Name
CAMBRIDGE "E" CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
CAMBRIDGE "E" #4100/CVE
DEERFIELD BEACH FL 33442

Mailing Address # 1112 CVE
CAMBRIDGE "E" #1112 CVE
DEERFIELD BEACH FL 33442
US

3. Date Incorporated or Qualified 09/24/1974
3a. Date of Last Report 05/01/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1889430	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	<input type="checkbox"/>
Zip	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24	25		
Country	Country		
29	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONDOMINIUM OWNERS ORGANIZATION OF CENTURY
VILLAGE EAST, INC.
3501 WEST DRIVE
DEERFIELD BEACH FL 33442-2085

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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 re-stating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD GREENBERG, IRVING 1102 CAMBRIDGE E DEERFIELD BEACH FL	1.1 TITLE	TD ESTELLE GOLDBERG
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	1112 CAMBRIDGE E
CITY-ST-ZIP	DEERFIELD BEACH FL	1.4 CITY-ST-ZIP	DEERFIELD BEACH FL
TITLE	D STERNBLITZ, CHARLES 1101 CAMBRIDGE DEERFIELD BEACH FL	2.1 TITLE	D RACHEL HOCHHOUSER
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	2103 CAMBRIDGE E
CITY-ST-ZIP	DEERFIELD BEACH FL	2.4 CITY-ST-ZIP	DEERFIELD BEACH FL
TITLE	D FREEDMAN, 2112 CAMBRIDGE - E DEERFIELD FL	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD FL	3.4 CITY-ST-ZIP	
TITLE	DVP LIPKIN, CARL 4111 CAMBRIDGE E. DEERFIELD BEACH FL	4.1 TITLE	
NAME		4.2 NAME	200001797772
STREET ADDRESS		4.3 STREET ADDRESS	-04/29/96--01024--001
CITY-ST-ZIP	DEERFIELD BEACH FL	4.4 CITY-ST-ZIP	***15128.75
TITLE	SD DULBERG, BETTY 3104 CAMBRIDGE E DEERFIELD BEACH FL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D GOLDFARB, JOSEPH 4120 CAMBRIDGE E DEERFIELD BEACH FL	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	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: Irving Greenberg PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
IRVING GREENBERG
Date: 1/25/96 Daytime Phone: 954-426-0628

CR2E037 (12/95)