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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 Mailing Address  
CAMBRIDGE "E" #4100/CVE DEERFIELD BEACH FL 33442  
CAMBRIDGE "E" #1112 CVE DEERFIELD BEACH FL 33442-3310 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	09/24/1974	04/27/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	59-1889430	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
24	25	29	30
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	HOCHHOUSER RACHAEL
NAME	GREENBERG, IRVING	1.2 NAME	2103 CAMBRIDGE - E
STREET ADDRESS	1102 CAMBRIDGE E	1.3 STREET ADDRESS	DEERFIELD BEACH DIRECTOR
CITY - ST - ZIP	DEERFIELD BEACH FL	1.4 CITY - ST - ZIP	
TITLE	TD	2.1 TITLE	
NAME	GOLDBERG, ESTELLE	2.2 NAME	
STREET ADDRESS	1112 CAMBRIDGE-E	2.3 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BEACH FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	
NAME	FREEDMAN, JOSEPH	3.2 NAME	
STREET ADDRESS	2112 CAMBRIDGE - E	3.3 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD FL	3.4 CITY - ST - ZIP	
TITLE	DVP	4.1 TITLE	
NAME	LIPKIN, CARL	4.2 NAME	
STREET ADDRESS	4111 CAMBRIDGE E.	4.3 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BEACH FL	4.4 CITY - ST - ZIP	
TITLE	SD	5.1 TITLE	
NAME	DULBERG, BETTY	5.2 NAME	
STREET ADDRESS	3104 CAMBRIDGE E	5.3 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BEACH FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	
NAME	GOLDFARB, JOSEPH	6.2 NAME	
STREET ADDRESS	4120 CAMBRIDGE-E	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 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0042695

CR2E037 (9/96)