

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 731295

1. Entity Name

CAMBRIDGE "F" CONDOMINIUM ASSOCIATION, INC.



FILED

04 APR 27 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

66413032



MOORE CR2E037 (11/03)

Principal Place of Business Mailing Address
CONDO OWNERS ORG OF CENTURY VILLAGE E CONDO OWNERS ORG OF CENTURY VILLAGE E
 3501 WEST DRIVE 3501 WEST DRIVE
 DEERFIELD BEACH FL 33442-2085 DEERFIELD BEACH FL 33442-2085

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1906118

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CONDOMINIUM OWNERS ORGANIZATION
 3501 WEST DRIVE
 DEERFIELD BEACH FL 33442-2085

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

100034619841
 04/29/04--01020--001 **15006.25

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BERNER, CARYL	
STREET ADDRESS	3130 CAMBRIDGE F	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	<input type="checkbox"/> Delete
NAME	DORON, JOSEPH	
STREET ADDRESS	4135 CAMBRIDGE F	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	<input type="checkbox"/> Delete
NAME	GENDRON, GAETON	
STREET ADDRESS	CAMBRIDGE F 2136	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BALITSKY, PEARL	
STREET ADDRESS	CAMBRIDGE F 2132	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	GOLDHABER, JERRY	
STREET ADDRESS	CAMBRIDGE F 4123	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	BERCH, LENORE	
STREET ADDRESS	1122 CAMBRIDGE F	
CITY-ST-ZIP	DEERFIELD BEACH FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENORE BERCH	
STREET ADDRESS	1122 CAMBRIDGE F	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CELINE GENDRON	
STREET ADDRESS	2136 CAMBRIDGE F	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUGO ECHEVERRI	
STREET ADDRESS	2123 CAMBRIDGE F	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLEN MENARD	
STREET ADDRESS	1123 CAMBRIDGE F	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLEN ROSMARIN	
STREET ADDRESS	4127 CAMBRIDGE F	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jerry Goldhaber **JERRY GOLDHABER** **2-20-04** **954 480-9124**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #