

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

04-18-2003 90478 001 14,700.00  
731295

FILED

03 APR 28 AM 8:55

TALLAHASSEE, FLORIDA

**DOCUMENT # 731295**  
1. Entity Name  
**CAMBRIDGE "F" CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business Mailing Address

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. **CONDOMINIUM OWNERS ORGANIZATION  
OF CENTURY VILLAGE E, INC. COOCVE**

City & State City **Deerfield Bch., FL 33442-2085**

Zip Country Zip Country

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 except the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW: FEE IS \$61.25 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>PATTERSON, GISELLE</b> <b>CAMBRIDGE F 3122</b> <b>DEERFIELD BEACH FL 33442</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>LEMANSKY, JULIUS</b> <b>CAMBRIDGE F 4122</b> <b>DEERFIELD BEACH FL 33442</b>	<input checked="" type="checkbox"/> Delete	<b>SD</b> <b>BERNER CARL</b> <b>3130 CAMBRIDGE F</b> <b>DEERFIELD Bch FL 33442</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GENDRON, GAETON</b> <b>CAMBRIDGE F 2136</b> <b>DEERFIELD BEACH FL</b>	<input type="checkbox"/> Delete	<b>D</b> <b>DORON JOSEPH</b> <b>4135 CAMBRIDGE F</b> <b>DEERFIELD Bch. FL 33442</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>BALITSKY, PEARL</b> <b>CAMBRIDGE F 2132</b> <b>DEERFIELD BEACH FL</b>	<input type="checkbox"/> Delete	<b>D</b> <b>KATZ SAM</b> <b>3127 CAMORIDGE F</b> <b>DEERFIELD Bch FL 33442</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GOLDHABER, JERRY</b> <b>CAMBRIDGE F 4123</b> <b>DEERFIELD BEACH FL 33442</b>	<input type="checkbox"/> Delete	<b>DV</b> <b>BERCH LENORE</b> <b>1122 CAMBRIDGE F</b> <b>DEERFIELD Bch FL 33442</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BERCH, LENORE</b> <b>CAMBRIDGE F 1122</b> <b>DEERFIELD BEACH FL</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **SIGNATURE REQUIRE** *Jerry Goldhaber* 1-8-03(954)480-9124  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)