

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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32760.00 **130.00
DO NOT WRITE IN THIS SPACE

DOCUMENT # 737640 (3)
1. Corporation Name
CAMBRIDGE "A" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
1010 CAMBRIDGE A
CENTURY VILLAGE
DEERFIELD BEACH FL 33442
1010 CAMBRIDGE A
CENTURY VILLAGE
DEERFIELD BEACH FL 33442

3. Date Incorporated or Qualified 12/23/1976
3a. Date of Last Report 05/01/1994
4. FEI Number 59-1906116
Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc 26 Suite, Apt #, etc
22 City & State 27 City & State
23 Zip 28 Zip
24 Zip 25 Zip 29 Zip 30 Zip

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required
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

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 FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

NOTE: Registered Agent signature required when registering.

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	D
NAME	SINGER, LEON	1.2 NAME	MORTY STANG
STREET ADDRESS	CAMBRIDGE A 1010	1.3 STREET ADDRESS	CAMBRIDGE A 4014
CITY, ST, ZIP	DEERFIELD BEACH FL	1.4 CITY, ST, ZIP	DEERFIELD BEACH FL
TITLE	VD	2.1 TITLE	
NAME	COHEN, HARRY	2.2 NAME	
STREET ADDRESS	CAMBRIDGE A 2015	2.3 STREET ADDRESS	
CITY, ST, ZIP	DEERFIELD BEACH FL	2.4 CITY, ST, ZIP	
TITLE	VD	3.1 TITLE	
NAME	KLEIN, SEYMOUR	3.2 NAME	
STREET ADDRESS	CAMBRIDGE A 1008	3.3 STREET ADDRESS	
CITY, ST, ZIP	DEERFIELD BEACH FL	3.4 CITY, ST, ZIP	
TITLE	D	4.1 TITLE	
NAME	KRAKOWSKY, MURRAY	4.2 NAME	
STREET ADDRESS	CAMBRIDGE A 3015	4.3 STREET ADDRESS	
CITY, ST, ZIP	DEERFIELD BEACH FL	4.4 CITY, ST, ZIP	
TITLE	D	5.1 TITLE	
NAME	FREIMAN, ALBERT	5.2 NAME	
STREET ADDRESS	CAMBRIDGE A-3030	5.3 STREET ADDRESS	
CITY, ST, ZIP	DEERFIELD BEACH FL	5.4 CITY, ST, ZIP	
TITLE	D	6.1 TITLE	
NAME	FRIED, LEON	6.2 NAME	
STREET ADDRESS	CAMBRIDGE A-2008	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:

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Leon Singer

1-20-95 - 305-426-5218
Date Signature