NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 737640**

1. Corporation Name

CAMBRIDGE "A" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 1010 CAMBRIDGE A CENTURY VILLAGE DEERFIELD BEACH FL 33442 Mailing Address 1010 CAMBRIDGE A CENTURY VILLAGE **DEERFIELD BEACH FL 33442**  FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90163 001 14,638.75

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2. Principal Place of Business		2a. Mailing Address		12/23/1976				
21		26			4. FEI Number	- I An	 plied For	
— · · ·	te, Apt. #, etc.				59-1906116	<del> </del>	t Applicable	
22 City 8 Ct-4	City & State City & State			<del></del>	00 1000110	\$8.75 A		
City & State	B	28			5. Certifcate of Status Desired	Fee Re		
Zip	Country	Zip	Country		6. Election Campaign Financing	\$5.00	May Be	
24	25	29	<u> </u>		Trust Fund Contribution	Added to	5 Fees	
	9. Name and Address of Current I	Registered Agent	81		10. Name and Address of New Registered	i Agent		
CONDOMINIUM OWNERS ORGANIZATION OF CENTURY VILLAGE EAST, INC.				Name				
				82 Street Address (P.O. Box Number is Not Acceptable)				
	D BEACH FL 33442-2085		84	Cit.		85 Zip C	`ode	
occi ii icc	D DE 1011   E 00 11 E E000		04	City	FI	_  65  2100	Jule	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the above	-named cor	rporation submits this statement for the purpose of	f changing its	registered	
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligatio	Florida, Such change was auth	orized by	the corporat	tion's board of directors. I hereby accept the appo	intment as reg	jisterea	
	in jamilar widt, and accept the obligation	110 OI, COCHOIT OTT. COCO, ITIONIC						
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Re	egistered Agen	t signature requi	ired when reinstating) DATE			
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE			Change	Addition	
NAME	SINGER,LEON		1.2 NAME					
STREET ADDRESS	CAMBRIDGE A 1010		1.3 STREET	ADDRESS				
CITY-ST-ZIP	DEERFIELD BEACH FL		1.4 CITY-ST	-ZIP				
TITLE	VD.	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition	
NAME	COHEN, HARRY		2.2 NAME					
STREET ADDRESS	CAMBRIDGE A 2015		2.3 STREET ADDRESS					
CITY-ST-ZIP	DEERFIELD BEACH FL		2. 4 CMY-S	r-zip				
TITLE	VD	☐ DELETE	3.1 TITLE		· ·	Change	☐ Addition	
NAME	KLEIN, SEYMOURE		3.2 NAME					
STREET ADDRESS	CAMBRIDGE A 1006		3.3 STREET	ADDRESS	. :			
CITY-ST-ZIP	DEERFIELD BEACH FL		3.4. CITY-S	r-ZIP	, .			
TITLE	D	A DELETE	4,1 TITLE	1	D ,	Change	Addition	
NAME	KRAKOWSKY, MURBAY		4.2 NAME	М	MANIN BRESOWSKY	٠,		
STREET ADDRESS	CAMBRIDGE A 3015		4.3 STREET	ADDRESS A	2005- CAMIBRIDGE- A			
CITY-ST-ZIP	DEEREIELD BEACH FL		4.4 CITY-ST	·ZIP D	DEERFIELD BUT FL-33442	٢		
TITLE	D	☐ DELETE	5.1 TITLE	<u></u>		☐ Change	☐ Addition	
NAME	FREIMAN, ALBERT		5.2 NAME					
STREET ADDRESS	CAMBRIDGE A-3030		5.3 \$TREET	ADDRESS				
CITY-ST-ZIP	DEERFIELD BEACH FL		5.4 CITY-ST	-ZIP				
TITLE	D	☐ DELETE	6.1 T/TLE			☐ Change	☐ Addition	
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR