

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 20 PM 1:21

DOCUMENT # **742737** (0)

1. Corporation Name
CENTURY VILLAGE CAMBRIDGE G CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
~~168 CAMBRIDGE G~~ **168 CAMBRIDGE G**
WEST PALM BEACH FL 33417-1025 WEST PALM BEACH FL 33417-1025
-1328 **-1328**

| | |
|---|--|
| 3. Date Incorporated or Qualified 05/08/1978 | 3a. Date of Last Report 01/27/1994 |
| 4. FEI Number 59-1652138 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/> | \$68.75 Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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

9. Name and Address of Current Registered Agent
~~RUBIN BLANCHE~~
CAMBRIDGE G
WEST PALM BEACH FL 33417

10. Name and Address of New Registered Agent

| |
|--|
| 81. Name MAE M. DUKE |
| 82. Street Address (P.O. Box Number is Not Acceptable) 168 CAMBRIDGE G |
| 83. WEST PALM BEACH |
| 84. City |
| 85. State FL |
| 86. Zip Code 33417 |

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 Mae M. Duke Pres. DATE 1/11/95

12. OFFICERS AND DIRECTORS

| | |
|-----------------|--------------------------|
| TITLE | PD |
| NAME | DUKE, MAE |
| STREET ADDRESS | CAMBRIDGE G168-CENT VILL |
| CITY - ST - ZIP | WEST PALM BEACH FL |
| TITLE | VPD |
| NAME | DE VRIES, VICTOR |
| STREET ADDRESS | 152 CAMBRIDGE G |
| CITY - ST - ZIP | W PALM BCH FL |
| TITLE | D |
| NAME | ROTHMAN, MAX |
| STREET ADDRESS | CAMBRIDGE G163-CENT VILL |
| CITY - ST - ZIP | WEST PALM BEACH FL |
| TITLE | D |
| NAME | SIEGEL BAUM, JEAN |
| STREET ADDRESS | CAMBRIDGE G146-CENT VILL |
| CITY - ST - ZIP | WEST PALM BEACH FL |
| TITLE | TD |
| NAME | BLANCHE, RUBIN |
| STREET ADDRESS | CAMBRIDGE G150-CENT VILL |
| CITY - ST - ZIP | WEST PALM BEACH FL |
| TITLE | RS |
| NAME | PLANT, CHRISTINA |
| STREET ADDRESS | 165 CAMBRIDGE G |
| CITY - ST - ZIP | W PALM BCH FL |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | VPD MARIAN KRAUSS |
| 2.3 STREET ADDRESS | CAMBRIDGE G-155 |
| 2.4 CITY - ST - ZIP | WEST PALM BEACH, FL |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | TD SALLY GURVITCH |
| 5.3 STREET ADDRESS | CAMBRIDGE G-CENT. VILL |
| 5.4 CITY - ST - ZIP | WEST PALM BEACH, FL |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 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 110.07(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: MAE M. DUKE - Pres DATE 1/11/95 407-687-0238