FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 1. Corporation Name

742737

(0)

CENTURY VILLAGE CAMBRIDGE G CONDOMINIUM ASSOCIAT ION, INC.

ION, INC.									
Principal Place of Business Mailing #				ng Address				. 1801 91811 91814 91911 91911 91911 91911 1991	
168 CAMBRIDGE G WEST PALM BE 33417-1328 US			168 CAMBRIDGE G WEST PALM BEACH FL 33417-1328 US				2. Data leasure existed on Cualified	20 Date of Lord Count	
							3. Date Incorporated or Qualified 05/08/1978	3a. Date of Last Report 01/20/1995	
2. Principal Place of Business			2a. Mailing Address				4. FEI Number	Applied For	
Suite, Apt. #, etc			Suite, Apt. #, etc.				59-1652138	Not Applicable	
22			27				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State			City & State				6. Election Campaign Financing	\$5.00 May Be	
23			28				Trust Fund Contribution	Added to Fees	
Ζιρ	Zip Country 25		Zip	— ` ⊢ — ′		8. This corporation has liability for i			
24 25 29 30 30 9. Name and Address of Current Registered Agent					<u>) </u>	-	Florida Statutes 10. Name and Address of New R	Yes No	
						81 Name			
DUKE, MAE M.					82	Stroot	Address (P.O. Box Number is Not Acceptab	lo	
168 CAMBRIDGE G					62	Succe	Ackiress (F.O. Box Number is Not Acceptab	e,	
WEST P	alm beac	H FL 33417			83				
					84	City		FL 85 Zip Code	
 Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the or registered agent, or both, in the State of Florida. Such change was authorized by the familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. 						arned co oration's	orporation submits this statement for the pur board of directors. I hereby accept the appo	pose of changing its registered office bintment as registered agent. I am	
SIGNATURE									
12.	Signature, typed :	or printed name of registered agent a OFFICERS AND		(NOTE RE	agistered Agen	t signature n	equired when reinstating) ADDITIONS (CHANGES TO OFF)	DATE	
THILE	PD	OFFICENS AND		ELETE	1 1 TITLE				
NAME	DUKE, I	MAE	_		1.2 NAME		GAME	Contract Contract	
SIREE! ADDRESS		DGE G168-CENT VILL			13STREET	ADDRESS	$\Delta M M = 2$		
CITY-ST-ZIP	WEST P	ALM BEACH FL			14 CITY - S	1-212	91.		
TITLE	VPD			ÉLÉTE	2 1 TITLE		_	Change Addition	
NAME		S, MARIAN			2.2 NAME		SAME	<u>,</u>	
STREET ADDRESS		DGE G-155 ALM BEACH FL			23 STREET		0111115		
CHTY - ST - ZIP	D	ALM DEACH FL		ELETE	2 4 CITY - S 3 1 TITLE	11 - ZIF		Change Addition	
NAME	_	AN, MAX	<u></u>		3 2 NAME		(1)		
STREET ADDRESS	ESS CAMBRIDGE G163-CENT VILL			3 3 STREET	ADDRESS	SAME SAME SAME			
CHTY-ST-ZIP	WEST P	ALM BEACH FL			3 4. CITY - S	T-ZIP			
TITLE	D .		Ø	ELETE	4.1 THILE		VPD	Change	
NAME		BAUM, JEAN			4 2 NAME		VICTOR DEVRI	IES STATION	
STREET ADDRESS		DGE G146-CENT VILL			4 3 STHEET		VPD VICTOR DEVR	-152 CENT TIL	
CHTY - ST - ZIP	TD	ALM BEACH FL	52	, Elete	4 4 CHTY-S 5 1 TITLE	1 - ZIP			
NAME		CH, SALLY			5 2 NAME		TD MYRA PERLI	NAN Parande Tradition	
STREET ADDRESS		DGE G-CENT. VILLAGE	E		5 3 STREET	ADDRESS	TD MYRA PERLI CAMBRIDGE G- West Palm Be	150 CENT VIL	
CITY - ST - ZIP		ALM BEACH FL			54 CITY-S		WEST PALM BE	ACHIFL.	
TI*LE	RS		D	ELETE	6 1 TIFLE			Change Addition	
NAME		CHRISTINA			6 2 NAME		SAME		
STREET ADDRESS		MBRIDGE G			6.3 STREET	ADDRESS	ما ا ا ا ا		
C-TY-ST-ZiP	W PALM	BCH FL	ith this files is unly	aharib. Kuralahar	6.4 CITY - S	T-ZIP	life for the guessetine stated in Destrict 4.00	2204 5	

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], Flonda 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.

GNATURE:

SIGNATURE AND TYPEG OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: