## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1997

DOCUMENT # 742737

(0)

CENTURY VILLAGE CAMBRIDGE G CONDOMINIUM ASSOCIATION, INC.

|  |  |   |   |  | BIJAN BIBNI BIBNI 1861                   |  |
|--|--|---|---|--|--|--|
| Principal Place of Business Mailing Address                              |  |   |   | I INDEAN CONT. GINER LINES LONDON NAITE IN EL REDEN RESER DIDIT  | BIGIE BIDIN MIDII NADE                   |  |
| WEST PALM BE 33417-1328 WEST PA  |  | 168 CAMBRIDGE G<br>WEST PALM BEACH FL<br>US   | 33417-1328  |  |  |  |
| V  |  |   |   | 3. Date incorporated or Qualified 3a. Date of t 05/08/1978 02/1  | ast Report<br>2/1996                     |  |
| 2. Principal   | 2. Principal Place of Business 2a. Mailing 25  |   |   | 4. FEI Number<br>59-1652138  | Applied For<br>Not Applicable            |  |
| Suite, Apt. #, etc<br>22   |  | Suite, Apt. #, etc. 27  |   | I & Certificate of Status Desired I I  | .75 Additional<br>ee Required            |  |
| City & State   |  | City & State  |   | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees   |  |  |
| Zip<br>24  | Country 25   | <b>Z</b> ip <b>29</b>   | Country<br>30   | 8. This corporation has liability for intangible tax ur Florida Statutes Yes No  |  |  |
|  | 9. Name and Address of Cur   | rent Registered Agent   |   | 10. Name and Address of New Registered Agent   |  |  |
|  |  |   | 61 Name   |  |  |  |
| Duke, mae m.<br>168 Cambridge g<br>West Palm Beach fl 33417              |  |   | 82 Street A   | 82 Street Address (P.O. Box Number is Not Acceptable)  |  |  |
|  |  |   | 83  |  |  |  |
|  |  |   | 84 City   | FL 85  | Zip Code                                 |  |
| 11. Pursuan office or agent 1  | nt to the provisions of Sections 617.0<br>r registered agent, or both, in the St<br>am familiar with, and accept the ob- | 0502 and 617.1508, Florida Stat<br>ate of Florida. Such change wa<br>oligations of, Section 617.0503, | lutes, the above-named on<br>s authorized by the corporation<br>Florida Statutes.                           | orporation submits this statement for the purpose of chan-<br>ration's board of directors. I hereby accept the appointment | ging Its registered<br>ant as registered |  |
| SIGNATURE  |  |   | OTE: Registered Agent signature re  |  |  |  |
| 12.  |  | AND DIRECTORS   | 13.   | ADDITIONS/CHANGES TO OFFICERS AND DIRE   | CTORS IN 12                              |  |
| TITLE  | PD   | DELETE  | 1.1 TITLE   |  | hange Addition                           |  |
| NAME   | DUKE, MAE  |   | 1.2 NAME  |  |  |  |
| STREET ADDRESS   | OLIMPIDOE OLIM OFFIT ISLE  |   | 1.3 STREET ADDRESS  |  |  |  |
| CITY - ST - ZIP  | WEST PALM BEACH FL   |   | 1.4 CITY-ST-ZIP   |  |  |  |
| TITLE  | VPD  | DELETE  | 2.1 TITLE   | ST VICE PRES. MO   | hange Addition                           |  |
| NAME   | KRAUSS, MARIAN   | • •   | 2.2 NAME  | HENDENT MCCARTER   |  |  |
| STREET ADDRESS   | A LL INDIDAR A LEE   |   | 2.3 STREET ADDRESS  | ET CANROLDESE G  |  |  |
| CITY- ST-ZIP   | WEST PALM BEACH FL   |   | 2. 4 CITY-ST-2IP  | INCT DOIN BENCH EL 33  | 417                                      |  |
| TITLE  | D  | DELETE  | 3.1 THTLE   | AD VICE POET 1 KG  | hange Addition                           |  |
| NAME   | ROTHMAN, MAX   |   | 3.2 NAME  | I ET LARY DER MAN  |  |  |
| STREET ADDRESS   | ALLISDIDAE ALAS ACUT I   | AL I  | 3.3 STREET ADDRESS  | A CHANGE CONTRACTOR  |  |  |
| CITY-ST-ZIP  |  | fill  |   | 16 11 PW/NU/NITO IT  |  |  |
| TITLE  |  | HLL   |   | USET DAIM ROTH FL 3  | 347                                      |  |
| 111111   | WEST PALM BEACH FL   |   | 3.4. CITY-ST-ZIP  | WEST PARM BOXED, TL 3  | 3 44 7                                   |  |
|  | WEST PALM BEACH FL<br>VPD  | M DELETE  | 3.4. C(TY-ST-Z)P<br>4.1 T(TLE   | WEST PAIN BOXED FL 3   | 3 44 7<br>hange 🗎 Addition               |  |
| NAME   | WEST PALM BEACH FL<br>VPD<br>DEVRIES, VICTOR   | <b>₩</b> DELETE   | 3.4. CITY-ST-ZIP<br>4.1 TITLE<br>4. 2 NAME  | WEST PARM BOXED, TL 3  | 3 44 7<br>hange Addition                 |  |
| NAME<br>STREET ADDRESS   | WEST PALM BEACH FL VPD DEVRIES, VICTOR CAMBRIDGE G-152 CENT  | <b>₩</b> DELETE   | 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS  | WEST PAIN BOXED FL 3   | 3 44 7<br>hange                          |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | WEST PALM BEACH FL VPD DEVRIES, VICTOR CAMBRIDGE G-152 CENT WEST PALM BCH FL   | <b>₩</b> DELETE   | 3.4. CITY-SI-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP                                      | WEST PAIM BOXED, FL 30 MIDDIED GLAVER GO WIST PAIM BEACH FL  | 3847                                     |  |
| NAME<br>STREET AODRESS<br>CITY-ST-ZIP<br>TITLE                           | WEST PALM BEACH FL VPD DEVRIES, VICTOR CAMBRIDGE G-152 CENT WEST PALM BCH FL TD  | <b>₩</b> DELETE   | 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE                            | WEST PAIM BOXED, FL 30 MIDDIED GLAVER GO WIST PAIM BEACH FL  | 3 44 7 hange                             |  |
| NAME<br>STREET AODRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME                   | WEST PALM BEACH FL VPD DEVRIES, VICTOR CAMBRIDGE G-152 CENT WEST PALM BCH FL TD PERLMAN, MYRA                            | VIL  DELETE   | 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME                   | WEST PAIM BOXED, FL 30 MIDDIED GLAVER GO WIST PAIM BEACH FL  | 3847                                     |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS | WEST PALM BEACH FL VPD DEVRIES, VICTOR CAMBRIDGE G-152 CENT WEST PALM BCH FL TD PERLMAN, MYRA CAMBRIDGE G-150 CENT       | VIL  DELETE   | 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS | WEST PAIM BOXED, FL 30 MIDDIED GLAVER GO WIST PAIM BEACH FL  | 3847                                     |  |
| NAME<br>STREET AODRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME                   | WEST PALM BEACH FL VPD DEVRIES, VICTOR CAMBRIDGE G-152 CENT WEST PALM BCH FL TD PERLMAN, MYRA                            | VIL  DELETE   | 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME                   | WEST PAIM BOXED, FL 30 MIDDIED GLAVER GO WIST PAIM BEACH FL  | 38 41 7<br>hange □ Addition              |  |

14. I do 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

PLANT, CHRISTINA

165 CAMBRIDGE G

W PÁLM BCH FL

ANATURE AND TYPED OR PRINTED AME OF SIGNING CLAVER OR DIRECTOR

2/3/97 561-6833

**FILED** 

Mar 04 1997 8:00am

Secretary of State