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Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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



DOCUMENT # 742737 (0)
1. Corporation Name
CENTURY VILLAGE CAMBRIDGE G CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business: 168 CAMBRIDGE G WEST PALM BE 33417-1328 US
Mailing Address: 168 CAMBRIDGE G WEST PALM BEACH FL 33417-1328 US

3. Date Incorporated or Qualified: 05/08/1978
4. FEI Number: 59-1652138
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. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: 21 150 CAMBRIDGE "G" 22 Suite, Apt. #, etc. 23 City & State: WEST PALM BEACH, FL. 24 Zip: 33417 25 Country
2a. Mailing Address: 26 160 CAMBRIDGE "G" 27 Suite, Apt. #, etc. 28 City & State: WEST PALM BEACH, FL. 29 Zip: 33417 30 Country

9. Name and Address of Current Registered Agent
DUKE, MAE M.
168 CAMBRIDGE G
WEST PALM BEACH FL 33417

10. Name and Address of New Registered Agent
81 Name: LEONARD PERLMAN
82 Street Address (P.O. Box Number is Not Acceptable): 150 CAMBRIDGE "G"
83
84 City: West Palm Beach FL 85 Zip Code: 33417

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.
SIGNATURE: *[Signature]* DATE: 1/7/98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DUKE, MAE	
STREET ADDRESS	CAMBRIDGE G168-CENT VILL	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MCCARTER, HERBERT	
STREET ADDRESS	167 CAMBRIDGE G	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ROTHMAN, MAX	
STREET ADDRESS	CAMBRIDGE G163-CENT VILL	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	GLAZER, MILDRED	
STREET ADDRESS	149 CAMBRIDGE G	
CITY-ST-ZIP	WEST PALM BCH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PERLMAN, MYRA	
STREET ADDRESS	CAMBRIDGE G-150 CENT VIL	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	PERLMAN, LEONARD	
STREET ADDRESS	150 CAMBRIDGE G	
CITY-ST-ZIP	W PALM BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LEONARD PERLMAN	
1.3 STREET ADDRESS	150 CAMBRIDGE "G"	
1.4 CITY-ST-ZIP	WEST PALM BEACH, FL, 33417	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Sandra Duke	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	U.P. HYMAN SULKOWSKI	
3.3 STREET ADDRESS	157 CAMBRIDGE "G"	
3.4 CITY-ST-ZIP	WEST PALM BEACH, FL. 33417	
4.1 TITLE	T SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LEO GREENBERG	
4.3 STREET ADDRESS	148 CAMBRIDGE G	
4.4 CITY-ST-ZIP	WEST PALM BEACH, FL. 33417	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Same	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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.

SIGNATURE: *[Signature]* 1/7/98 681-4614

CP2E037 (10/97)