

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90096 001 \*\*\*\*61.25

**DOCUMENT # 742737**

1. Entity Name

**CENTURY VILLAGE CAMBRIDGE G CONDOMINIUM ASSOCIAT**

Principal Place of Business

**150 CAMBRIDGE "G"  
 WEST PALM BEACH FL 33417  
 US**

Mailing Address

**150 CAMBRIDGE "G"  
 WEST PALM BEACH FL 33417  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1652138**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PERLMAN, LEONARD  
 150 CAMBRIDGE "G"  
 WEST PALM BEACH FL 33417**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
PD	PERLMAN, LEONARD	150 CAMBRIDGE "G"	WEST PALM BEACH FL 33417	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP	MCCARTER, HERBERT	167 CAMBRIDGE G	WEST PALM BEACH FL 33417	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP	SULKES, HYMAN	157 CAMBRIDGE "G"	WEST PALM BEACH FL 33417	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST	CARDONICK, EVELYN	170 CAMBRIDGE G	WEST PALM BEACH FL 33417-3417	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
TD	PERLMAN, MYRA	CAMBRIDGE G-150 CENT VIL	WEST PALM BEACH FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**LEONARD PERLMAN**

11-16-01 (561) 640-4026  
 Date Daytime Phone #

CR2E037 (10/00)