

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90031 003 ****61.25



DOCUMENT # 742737

1. Entity Name

CENTURY VILLAGE CAMBRIDGE G CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

150 CAMBRIDGE "G"
 WEST PALM BEACH FL 33417
 US

150 CAMBRIDGE "G"
 WEST PALM BEACH FL 33417
 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)



4. FEI Number

59-1652138

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~PERLIAM, LEONARD~~
 150 CAMBRIDGE "G"
 WEST PALM BEACH FL 33417

PERLMAN, LEONARD

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS; CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD <input type="checkbox"/> Delete
NAME	PERLIAM, LEONARD PERLMAN, LEONARD
STREET ADDRESS	150 CAMBRIDGE "G"
CITY-ST-ZIP	WEST PALM BEACH FL 33417
TITLE	VP <input type="checkbox"/> Delete
NAME	MCCARTER, HERBERT
STREET ADDRESS	167 CAMBRIDGE G
CITY-ST-ZIP	WEST PALM BEACH FL 33417
TITLE	VP <input type="checkbox"/> Delete
NAME	SMITH, RAY
STREET ADDRESS	161 CAMBRIDGE "G"
CITY-ST-ZIP	WEST PALM BEACH FL 33417
TITLE	ST <input type="checkbox"/> Delete
NAME	SPRINGSTEN, ROGER
STREET ADDRESS	147 CAMBRIDGE "G"
CITY-ST-ZIP	WEST PALM BEACH FL 33417
TITLE	TD <input type="checkbox"/> Delete
NAME	PERLIAM, MYRA PERLMAN, MYRA
STREET ADDRESS	150 CAMBRIDGE "G"
CITY-ST-ZIP	WEST PALM BEACH FL 33417
TITLE	D <input type="checkbox"/> Delete
NAME	GLAZER, MILDRED
STREET ADDRESS	149 CAMBRIDGE G
CITY-ST-ZIP	WEST PALM BEACH FL 33417

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

2-13-07

Date

(561) 640-4026

Daytime Phone #