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Jan 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N17626 (5)
1. Corporation Name
CAMBRIDGE D CENTURY VILLAGE ASSOCIATION, INC.



Principal Place of Business C/O RUTH BLUM CAMBRIDGE D-71 WEST PALM BEACH FL 33417	Mailing Address C/O RUTH BLUM CAMBRIDGE D-71 WEST PALM BEACH FL 33417-1317
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3. Date Incorporated or Qualified 11/03/1986	3a. Date of Last Report 02/01/1996
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2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip
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4. FEI Number 59-1636915	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**JANET SOMERVILLE
73 CAMBRIDGE D
WEST PALM BEACH FL 33417**

10. Name and Address of New Registered Agent
81 Name **MILTON FLASHBERG**
82 Street Address (P.O. Box Number is Not Acceptable) **74 CAMBRIDGE D**
83 **WPALM BEACH**
84 City **FL** 85 Zip Code **33417-1318**

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 Milton Flashberg - PRESIDENT - MILTON FLASHBERG DATE JAN 3 - 1997
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	<input checked="" type="checkbox"/>
NAME	SOMERVILLE, JANET	
STREET ADDRESS	73 CAMBRIDGE D	
CITY - ST - ZIP	WEST PALM BEACH FL	
TITLE	VPD	<input checked="" type="checkbox"/>
NAME	FLASHBERG, MILTON	
STREET ADDRESS	74 CAMBRIDGE D	
CITY - ST - ZIP	W. PALM BCH FL	
TITLE	TD	<input type="checkbox"/>
NAME	BLUM, RUTH	
STREET ADDRESS	CAMBRIDGE D-71	
CITY - ST - ZIP	WEST PALM BCH FL	
TITLE	SD	<input type="checkbox"/>
NAME	LEVER, RUTHANN	
STREET ADDRESS	93 CAMBRIDGE D	
CITY - ST - ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	FLASHBERG MILTON PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	74 CAMBRIDGE D		
1.4 CITY - ST - ZIP	WPALM BEACH FL		
2.1 TITLE	VPD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	ALBERT SEROTA		
2.3 STREET ADDRESS	72 CAMBRIDGE D		
2.4 CITY - ST - ZIP	WPALM BEACH		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

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.

SIGNATURE: Milton Flashberg DATE JAN 3 1997 (561) 687-3439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0038512

CR2E037 (9/96)