


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90246 013 ****75.00


DOCUMENT # N17626
1. Entity Name
CAMBRIDGE D CENTURY VILLAGE ASSOCIATION, INC.



Principal Place of Business Mailing Address
74 CAMBRIDGE D **74 CAMBRIDGE D**
WEST PALM BEACH FL 33417-1313 **WEST PALM BEACH FL 33417-1313**

2. Principal Place of Business 3. Mailing Address
74 Cambridge D *73 Cambridge D*
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
WPB, FL *W.P.B., FL*
Zip Country Zip Country
33417 *33417* Country



MOORE CR2E037 (11/03)

4. FEI Number Applied For
59-1636915 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
FLASHBERG, MILTON
74 CAMBRIDGE D
WEST PALM BEACH, FL 33417

7. Name and Address of New Registered Agent
Name *Same*
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 *Milton Flashberg* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 **Due By May 1, 2004**

9. Election Campaign Financing **\$5.00 May Be Added to Fees**

Trust Fund Contribution. **Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLASHBERG, MILTON 74 CAMBRIDGE D W. PALM BCH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEVEN, SARA 73 CAMBRIDGE D WEST PALM BCH FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEVER, RUTHANN 93 CAMBRIDGE D WEST PALM BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SEROTA, ALBERT 72 CAMBRIDGE D WEST PALM BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *Milton Flashberg* - **MILTON FLASHBERG** *1/21/04* *(561) 687-3439*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #