


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90144 014 ****61.25

DOCUMENT # N17626			
1. Entity Name CAMBRIDGE D CENTURY VILLAGE ASSOCIATION, INC.			
Principal Place of Business 71 CAMBRIDGE D WEST PALM BEACH, FL 33417		Mailing Address 71 CAMBRIDGE D WEST PALM BEACH, FL 33417	
2. Principal Place of Business - No P.O. Box # 88 Cambridge D		3. Mailing Address 88 Cambridge D	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ARTINOFF, RUTH 71 CAMBRIDGE D WEST PALM BEACH, FL 33417		Name Daniel Martin Street Address (P.O. Box Number is Not Acceptable) 88 Cambridge D 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: <i>Daniel E. Martin</i> Daniel Martin		DATE: X 4-2-07	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	
T NAME STREET ADDRESS CITY-ST-ZIP	RUDOLPH, SEYMOUR P 73 CAMBRIDGE D W. PALM BCH, FL 33417 <input checked="" type="checkbox"/> Delete	T NAME STREET ADDRESS CITY-ST-ZIP	Daniel Martin 88 Cambridge D <input checked="" type="checkbox"/> Change Addition
VP NAME STREET ADDRESS CITY-ST-ZIP	RUDOLPH, JOAN 73 CAMBRIDGE D WEST PALM BCH, FL 33417 <input checked="" type="checkbox"/> Delete	VP NAME STREET ADDRESS CITY-ST-ZIP	John Manos at Cambridge D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
S NAME STREET ADDRESS CITY-ST-ZIP	LEVER, RUTHANN 93 CAMBRIDGE D WEST PALM BEACH, FL 33417 <input checked="" type="checkbox"/> Delete	T NAME STREET ADDRESS CITY-ST-ZIP	Denise Manos 91 Cambridge D <input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	P NAME STREET ADDRESS CITY-ST-ZIP	Armando M Carmelo 77 Cambridge D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<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 exemptions contained in Chapter 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: <i>Armando M Carmelo</i>		DATE: X 04/02/07 x(581) 697-8360	
Signature and typed or printed name of signing officer or director		Date Daytime Phone #	

ARMANDO M CARMELO