

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

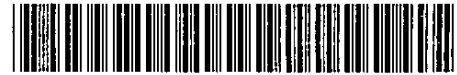
FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90015 040 ****61.25



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

Principal Place of Business: **77 CAMBRIDGE D WEST PALM BEACH FL 33417**
Mailing Address: **77 CAMBRIDGE D WEST PALM BEACH FL 33417**



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State

4. FEI Number **59-1636915**
Applied For: Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent
**MARTIN, DANIEL
88 CAMBRIDGE D
WEST PALM BEACH FL 33417**

7. Name and Address of New Registered Agent
Name: **CARMELO, ARMANDO - M -**
Street Address (P.O. Box Number is Not Acceptable): **77 CAMBRIDGE D**
City: **WEST PALM BEACH FL** Zip Code: **33417**

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: *Armando M. Carmelo* DATE: **02/08/08**

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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		
TITLE: T NAME: MARTIN, DANIEL STREET ADDRESS: 88 CAMBRIDGE D CITY-ST-ZIP: WEST PALM BEACH FL 33417	<input checked="" type="checkbox"/> Delete	
TITLE: VP NAME: MANOS, JOHN STREET ADDRESS: 91 CAMBRIDGE D CITY-ST-ZIP: WEST PALM BCH FL 33417	<input type="checkbox"/> Delete	
TITLE: T NAME: MANOS, DENISE STREET ADDRESS: 91 CAMBRIDGE D CITY-ST-ZIP: WEST PALM BEACH FL 33417	<input checked="" type="checkbox"/> Delete	
TITLE: P NAME: CARMELO, ARMANDO M STREET ADDRESS: 77 CAMBRIDGE D CITY-ST-ZIP: WEST PALM BEACH FL 33417	<input checked="" type="checkbox"/> Delete	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Delete	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE: T NAME: CARMELO, ARMANDO M STREET ADDRESS: 77 CAMBRIDGE D CITY-ST-ZIP: WEST PALM BEACH FL 33417	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: S NAME: MANOS, DENISE STREET ADDRESS: 91 CAMBRIDGE D CITY-ST-ZIP: WEST PALM BEACH FL 33417	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: P NAME: LEIGHTON BINGHAM STREET ADDRESS: 94 CAMBRIDGE D CITY-ST-ZIP: WEST PALM BEACH FL 33417	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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"/> Change <input type="checkbox"/> Addition	

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: *Armando M. Carmelo, TREASURER* DATE: **02/08/08**