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95 MAY -1 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N38779 (7)
1. Corporation Name
CAMBRIDGE C CV CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
% HELEN GOLDSTEIN **% HELEN GOLDSTEIN**
CAMBRIDGE C APT.C-67, CENTURY VILLAGE **CAMBRIDGE C APT.C-67, CENTURY VILLAGE**
W. PALM BEACH FL 33417 **W. PALM BEACH FL 33417**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/22/1990** 3a. Date of Last Report **04/28/1994**
4. FEI Number **59-1641522** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Sute, Apt. #, etc. 26 Sute, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
FORMAN, ADELE
CAMBRIDGE C65
CENTURY VILLAGE
W. PALM BEACH FL 33417

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS
TITLE **VD**
NAME ~~GOLDSTEIN HELEN~~ *Helen Goldstein*
STREET ADDRESS ~~CAMBRIDGE C-67~~ *Cambridge C-67*
CITY-ST-ZIP ~~W. PALM BEACH FL~~ *W. Palm Beach FL*
TITLE ~~TO~~ *Board member*
NAME ~~MEMBER ROSE~~
STREET ADDRESS ~~CAMBRIDGE C-67~~
CITY-ST-ZIP ~~W. PALM BEACH FL~~
TITLE **D**
NAME **GERBER, RUTH**
STREET ADDRESS **CAMBRIDGE C68**
CITY-ST-ZIP **W. PALM BEACH FL** *Board member*
TITLE **D**
NAME ~~BRANDT, ANNA~~ *Sam*
STREET ADDRESS **CAMBRIDGE C60**
CITY-ST-ZIP **W. PALM BEACH FL** *Vice President*
TITLE ~~FORMAN, ADELE~~
NAME **FORMAN, ADELE**
STREET ADDRESS **CAMBRIDGE C-65**
CITY-ST-ZIP **WEST PALM BEACH FL** *President*

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1/2
11 TITLE *Treasurer* Change Addition
12 NAME *Paul Wilgoren*
13 STREET ADDRESS *Cambridge C 50*
14 CITY-ST-ZIP *W. Palm Beach FL 33417*
21 TITLE *Secretary* Change Addition
22 NAME *Janet Spensky*
23 STREET ADDRESS *Cambridge C 68*
24 CITY-ST-ZIP *W. Palm Beach FL 33417*
31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE *SM 619* Change Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *Adele Forman Pres.* 4/24/95 401/686-8241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Month/Day/Year)