

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90041 028 ****61.25

0003704

DOCUMENT # 742413

1. Entity Name

CAMBRIDGE H CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**181 CAMBRIDGE H
CENTURY VILLAGE
WEST PALM BEACH FL 33417**

Mailing Address

**181 CAMBRIDGE H
CENTURY VILLAGE
WEST PALM BEACH FL 33417**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6581957

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MORRIS POZNICK
181 CAMBRIDGE H
WEST PALM BEACH FL 33417**

7. Name and Address of New Registered Agent

Name

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BROWN, MILTON	
STREET ADDRESS	183 CAMBRIDGE H CEN VILLAGE	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	POZNICK, MURRAY	
STREET ADDRESS	181 CAMBRIDGE H CEN VILLAGE	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	YABROFF, DOROTHY	
STREET ADDRESS	176 CAMBRIDGE H CEN VILLAGE	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BROWN, NORMA	
STREET ADDRESS	183 CAMBRIDGE H CEN VILLAGE	
CITY-ST-ZIP	W PALM BCH FL 33417	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, HAROLD J.	
STREET ADDRESS	189 CAMBRIDGE H CEN VILLAGE	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POZNICK, MURRAY	
STREET ADDRESS	181 CAMBRIDGE H CEN VILLAGE	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KESSLER IRVING	
STREET ADDRESS	175 CAMBRIDGE H CEN VILLAGE	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SALTZMAN BERNARD	
STREET ADDRESS	172 CAMBRIDGE H CEN VILLAGE	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEDEIROS JOSEPH	
STREET ADDRESS	174 CAMBRIDGE H CEN VILLAGE	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEDEIROS ANNE	
STREET ADDRESS	174 CAMBRIDGE H CEN VILLAGE	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	

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: **HAROLD J. SMITH REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-01

Date

(561) 687-4421

Daytime Phone #

CR2E037 (10/00)

62122
DH# 742413

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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (continued)

TITLE	D	XX	ADDITION
NAME	TERRY LEVY		
STREET ADDRESS	196 CAMBRIDGE H CEN VILLAGE		
CITY-ST-ZIP	WEST PALM BEACH FL 33417		