

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **730772** (1)
1. Corporation Name
CAMBRIDGE "E" CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **CAMBRIDGE "E" #4100/CVE DEERFIELD BEACH FL 33442**
Mailing Address # **1112 CVE**: **CAMBRIDGE "E" #1112 CVE DEERFIELD BEACH FL 33442 US**

3. Date Incorporated or Qualified: **09/24/1974** 3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-1889430** 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 25, 26, 27, 28, 29, 30
City & State, Suite, Apt. #, etc., Zip, Country

9. Name and Address of Current Registered Agent
**CONDOMINIUM OWNERS ORGANIZATION OF CENTURY VILLAGE EAST, INC.
3501 WEST DRIVE
DEERFIELD BEACH FL 33442-2085**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent; and title if applicable) (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GREENBERG, IRVING	
STREET ADDRESS	1102 CAMBRIDGE E	
CITY - ST - ZIP	DEERFIELD BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STERNBLITZ, CHARLES	
STREET ADDRESS	1101 CAMBRIDGE	
CITY - ST - ZIP	DEERFIELD BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FREEDMAN,	
STREET ADDRESS	2112 CAMBRIDGE - E	
CITY - ST - ZIP	DEERFIELD FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	LIPKIN, CARL	
STREET ADDRESS	4111 CAMBRIDGE E.	
CITY - ST - ZIP	DEERFIELD BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DULBERG, BETTY	
STREET ADDRESS	3104 CAMBRIDGE E	
CITY - ST - ZIP	DEERFIELD BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOLDFARB, JOSEPH	
STREET ADDRESS	4120 CAMBRIDGE-E	
CITY - ST - ZIP	DEERFIELD BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ESTELLE GOLDBERG	
1.3 STREET ADDRESS	1112 CAMBRIDGE - E	
1.4 CITY - ST - ZIP	DEERFIELD BEACH FL.	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RACHEL HOCHHOUSER	
2.3 STREET ADDRESS	2103 CAMBRIDGE - E	
2.4 CITY - ST - ZIP	DEERFIELD BEACH FL.	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	200001797772	
4.3 STREET ADDRESS	-04/29/96--01024--001	
4.4 CITY - ST - ZIP	***15128.75	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 119.07(3)(k), 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: *Irving Greenberg* PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
IRVING GREENBERG

Date: 1/25/96 Daytime Phone #: 954-426-0628

CR2E037 (12/95)