


FILE NOW: FILING FEE IS \$61.25

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**Mar 31 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 CAMBRIDGE "E" #1112 CVE DEERFIELD BEACH FL 33442 US
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3. Date Incorporated or Qualified 09/24/1974	Applied For Not Applicable
4. FEI Number 59-1889430	

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	22. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 _____ (NOTE: Registered Agent signature required when reinstating) 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	TD	<input type="checkbox"/> DELETE
NAME	GOLDBERG, ESTELLE	
STREET ADDRESS	1112 CAMBRIDGE-E	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	FREEDMAN, JOSEPH	
STREET ADDRESS	2112 CAMBRIDGE - E	
CITY-ST-ZIP	DEERFIELD FL	
TITLE	DW	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D HOCHHOUSER RACHEL
1.3 STREET ADDRESS	1103 CAMBRIDGE-E
1.4 CITY-ST-ZIP	DEERFIELD BEACH FL
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	10000247495
5.3 STREET ADDRESS	-04/01/98--01022--010
5.4 CITY-ST-ZIP	***15006.25
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 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 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 *Joseph Goldfarb* 1/13/98 954-426-0675

CR2E037 (10/97)