FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

1996

732136

(7)

| CAMDE | EN ASSOCIATION AT CEN | TURY VILLAGE, INC. | | | | |
|---|--|---|---|--|--|--|
| Principal Place | of Business | Mailing Address | | I SERVIT INDOM INTE TIMES NIGHT TEND A | DIRK OTBIL OKORI OKOLI OLOHI BIBIL OTORI UDDI | |
| CAMDEN B-37 CENTURY VILLAGE WEST PALM BEACH FL 33402-0037 | | CAMDEN B-37 CENTURY VILLAGE WEST PALM BEACH FL 33402-0037 | | 3. Date Incorporated or Qualified 03/13/1975 | 3a. Date of Last Report 02/28/1995 | |
| 2. Principal Pla | ace of Business | 2a. Mailing Address | | | 4. FEI Number | Applied For |
| 21 | | 26 | | 59-1636558 | Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc | | 5. Certificate of Status Desired | \$8.75 Additional | |
| 22 | | 27 | | 3. Certificate of Status Desired | Fee Required | |
| City & State | | City & State | | 6. Election Campaign Financing | \$5.00 May Be | |
| 23 | Country Zip | | | | Trust Fund Contribution | Added to Fees |
| Ζφ 24 | 25 | 29 | 30 Countr | У | 8. This corporation has liability for int Florida Statutes | angible tax under s. 199.032, Yes XX No |
| | 9. Name and Address of Current Registered Agent | | 1991 | | 10. Name and Address of New Reg | |
| | | | 8 | 1 Name | | |
| SCHMA | LL. NAT | | 8: | Strong A del | ress (P.O. Box Number is Not Acceptable | |
| CAMDEN B-37 | | | 6 | all Substitution | ress (F.O. Box Number is Not Acceptable) | ' |
| | ALM BEACH FL 33417 | | 8: | 3 | | |
| | | | B | 4 Orty | | 85 Zip Code |
| | | | | | | |
| or register | o the provisions of Sections 617.0502 ed agent, or both, in the State of Flori th, and accept the obligations of, Sect | da. Such change was authoriz | ed by the cor | -named corpor poration's boa | ration submits this statement for the purpord of directors. I hereby accept the appoin | ose of changing its registered office trinent as registered agent. I am |
| SIGNATURE | · - | | | | | |
| | Signature, typed or printed nonle of registered agent | | | ent signature rei uire | | DATE |
| 12. | | D DIRECTORS DELETE | 13. 11 Trice | | ADDITIONS/CHANGES TO OFFIC | |
| TITLE | PD COMMIN NAT | | | Ĭ | | Change Addition |
| NAME STREET ADDRESS | SCHMALL, NAT CAMDEN 8-37 | | 1.2 NAME | | | |
| CITY-ST-ZIP | WEST PALM BEACH FL | | 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP | | | |
| TIFLE | VD VD | DELETE | 2.1 TITLE | | | Change Addition |
| NAME | MEYER, MARVIN | | 2 2 NAME | | | _ onange _ naonen |
| STREET ADDRESS | CAMDEN K-257 | | | ET ALIDRESS | | |
| CITY-ST-ZIP | WEST PALM BEACH FL | | | - S1 - 2IP | | |
| TITLE | DS | DELETE | 3 1 TITLE | | | Change Addition |
| NAME | GOLDSTEIN, BEATRICE | | 3 2 NAM | | | |
| STREET ADDRESS | CAMDEN N-318 | | 3 3 STRE | ET AUDRESS | | |
| C(TY - ST - ZIP | WEST PALM BEACH F | | 34 City | -ST-ZIP | | |
| TITLE | TO | DELETE | 4 1 TITLE | | | Change Addition |
| NAME | BESSEL, SHIRLEY | | 4 2 NAM | | | |
| STREET ADDRESS | CAMDEN C-54 | | | ET ALIORESS | | |
| CITY ST ZIF | WEST PALM BEACH FL D | DELETE | 4 4 CITY | | | Change Addition |
| NAME | GASPAR, INGOGLIA | Libertit | 5 1 TITLE 5 2 NAMI | | | Figurite Fil vodition |
| STREET ADDRESS | CAMDEN D-88 | | | ET ADDRESS | | |
| CITY-ST-ZIP | WEST PALM BEACH FL | | 5 4 CITY | | | |
| TITLE | D | DELETE | 61 TITLE | | | ☐ Change ☐ Addition |
| NAME | PRAGER, AMY | | | | | |
| STREET ADDRESS | CAMDEN N-317 | | 63 STRE | ET ADDRESS | | |
| C(Ty - ST - ZIP | WEST PALM BEACH FL | | 6 4 CITY | | | |
| 14. I do hereb | y certify that the information supplied | with this filing is voluntarily furn | nished and do | es not qualify f | for the exemption stated in Section 119.0 | 7(3)(k), Florida Statutes. I further |

certify that the information indicated on this annual report is 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR