

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 740417 (1)
1. Corporation Name
CAMBRIDGE "C" CONDOMINIUM ASSOCIATION, INC.

500001474505
-05/04/95--01001--001
DO NOT WRITE IN THESE SPACES \$130.00

Principal Place of Business Mailing Address
C/O CAMBRIDGE C-4041 C/O CAMBRIDGE C-4041
DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442

3. Date Incorporated or Qualified 10/14/1977 3a. Date of Last Report 05/01/1994
4. FEI Number 59-1920115 Applied For Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONDO OWNER ORGANIZATION CENTURY VILL E IN
EAST INC.
3501 WEST DRIVE
DEERFIELD BEACH FL 33442-2085

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

(Signature typed or printed name of registered agent and how it applies)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	11 TITLE	VP
NAME	POLIKOFF, LEO	12 NAME	BLOOM, JULIUS
STREET ADDRESS	4041 CAMBRIDGE C	13 STREET ADDRESS	1041 CAMBRIDGE-C
CITY, ST, ZIP	DEERFIELD FL	14 CITY, ST, ZIP	DEERFIELD BCH FL 33442
TITLE	T	21 TITLE	D
NAME	POLIKOFF, MARGIE	22 NAME	RICH, CLARICE
STREET ADDRESS	4041 CAMBRIDGE C	23 STREET ADDRESS	4052 CAMBRIDGE-C
CITY, ST, ZIP	DEERFIELD BCH FL	24 CITY, ST, ZIP	DEERFIELD BCH FL 33442
TITLE	VD	31 TITLE	D
NAME	PECCHIA, PATRICK	32 NAME	PECCHIA, CAROL
STREET ADDRESS	2058 CAMBRIDGE C	33 STREET ADDRESS	2057 CAMBRIDGE-C
CITY, ST, ZIP	DEERFIELD BCH FL	34 CITY, ST, ZIP	DEERFIELD BCH, FL 33442
TITLE	SD	41 TITLE	
NAME	LINDENBAUM, MIRIAM	42 NAME	
STREET ADDRESS	3044 CAMBRIDGE C	43 STREET ADDRESS	
CITY, ST, ZIP	DEERFIELD BEACH FL	44 CITY, ST, ZIP	
TITLE	PD	51 TITLE	
NAME	KATZ, JULIUS	52 NAME	
STREET ADDRESS	1045 CAMBRIDGE C	53 STREET ADDRESS	
CITY, ST, ZIP	DEERFIELD FL	54 CITY, ST, ZIP	
TITLE	CS	61 TITLE	
NAME	SCHWARTZWALD, IRVING	62 NAME	
STREET ADDRESS	1058 CAMBRIDGE C	63 STREET ADDRESS	
CITY, ST, ZIP	DEERFIELD BEACH FL	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 119.07(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 this 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 from an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature Printed Name