

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



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

Mailing Address
**C/O CAMBRIDGE C-4041
DEERFIELD BEACH FL 33442**

3. Date Incorporated or Qualified
10/14/1977

3a. Date of Last Report
05/01/1995

4. FEI Number
59-1920115

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 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**CONDO OWNER ORGANIZATION CENTURY VILL E IN
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
85 Zip Code
FL

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	BLOOM, JULIUS	
STREET ADDRESS	1041 CAMBRIDGE C	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	T	<input type="checkbox"/> DELETE
NAME	POLIKOFF, MARGIE	
STREET ADDRESS	4041 CAMBRIDGE C	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PECCHIA, PATRICK	
STREET ADDRESS	2058 CAMBRIDGE C	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LINDENBAUM, MIRIAM	
STREET ADDRESS	3044 CAMBRIDGE C	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KATZ, JULIUS	
STREET ADDRESS	1045 CAMBRIDGE C	
CITY-ST-ZIP	DEERFIELD FL	
TITLE	CS	<input type="checkbox"/> DELETE
NAME	SCHWARTZWALD, IRVING	
STREET ADDRESS	1056 CAMBRIDGE C	
CITY-ST-ZIP	DEERFIELD BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RICH, CLARKE	
1.3 STREET ADDRESS	4052 CAMBRIDGE C	
1.4 CITY-ST-ZIP	DEERFIELD BCH FL 33442	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CARPECCCHIA, CAROL	
2.3 STREET ADDRESS	2057 CAMBRIDGE C	
2.4 CITY-ST-ZIP	DEERFIELD BCH FL 33442	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TAGLIANETTI, JOHN	
3.3 STREET ADDRESS	2051 CAMBRIDGE C	
3.4 CITY-ST-ZIP	DEERFIELD BCH FL 33442	
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		
5.3 STREET ADDRESS	700001797727	
5.4 CITY-ST-ZIP	-04/29/96--01024--001	
6.1 TITLE	***15128.75	<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARGIE POLIKOFF

Date

1/25/96

Daytime Phone #

954 428 1204

CR2E037 (12/95)