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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 10/14/1977	3a. Date of Last Report 04/27/1996
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-1920115	Applied For <input type="checkbox"/> Not Applicable
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 29		Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLOOM, JULIUS	1.2 NAME	TAGLIANETTI, JOHN
STREET ADDRESS	1041 CAMBRIDGE C	1.3 STREET ADDRESS	2051 CAMBRIDGE C
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	1.4 CITY-ST-ZIP	DEERFIELD BCH FL 33442
TITLE	T	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POLIKOFF, MARGIE	2.2 NAME	POLIKOFF, LEO
STREET ADDRESS	4041 CAMBRIDGE C	2.3 STREET ADDRESS	4041 CAMBRIDGE C
CITY-ST-ZIP	DEERFIELD BCH FL	2.4 CITY-ST-ZIP	DEERFIELD BCH FL 33442
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PECCHIA, PATRICK	3.2 NAME	JACOBS, ELI
STREET ADDRESS	2058 CAMBRIDGE C	3.3 STREET ADDRESS	2044 CAMBRIDGE C
CITY-ST-ZIP	DEERFIELD BCH FL	3.4 CITY-ST-ZIP	DEERFIELD BCH FL 33442
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDENBAUM, MIRIAM	4.2 NAME	200002159452--6
STREET ADDRESS	3044 CAMBRIDGE C	4.3 STREET ADDRESS	-04/29/97--01109--001
CITY-ST-ZIP	DEERFIELD BEACH FL	4.4 CITY-ST-ZIP	***15190.00 *****61.25
TITLE	PD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZ, JULIUS	5.2 NAME	4/20/97
STREET ADDRESS	1045 CAMBRIDGE C	5.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD FL	5.4 CITY-ST-ZIP	
TITLE	CS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZWALD, IRVING	6.2 NAME	
STREET ADDRESS	1056 CAMBRIDGE C	6.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	6.4 CITY-ST-ZIP	

14. I do 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: *Margie Polikoff* **MARGIE POLIKOFF** 4/20/97 954-428 1204

CR2E037 (9/96)