


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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	Mailing Address
C/O CAMBRIDGE C-4041 DEERFIELD BEACH FL 33442	C/O CAMBRIDGE C-4041 DEERFIELD BEACH FL 33442

3. Date Incorporated or Qualified

**10/14/1977**

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	28 Zip
24 Country	29 Country
25	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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ 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 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	<input type="checkbox"/> DELETE
NAME	BLOOM, JULIUS	
STREET ADDRESS	1041 CAMBRIDGE C	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	POLIKOFF, MARGIE	
STREET ADDRESS	4041 CAMBRIDGE C	
CITY-ST-ZIP	DEERFIELD BCH FL	

2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>D LEO POLIKOFF</b>
2.3 STREET ADDRESS	<b>4041 CAMBRIDGE C</b>
2.4 CITY-ST-ZIP	<b>DEERFIELD BCH FL 33442</b>

TITLE	VD	<input type="checkbox"/> DELETE
NAME	PECCHIA, PATRICK	
STREET ADDRESS	2058 CAMBRIDGE C	
CITY-ST-ZIP	DEERFIELD BCH FL	

3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>JACQUES BELI</b>
3.3 STREET ADDRESS	<b>2044 CAMBRIDGE C</b>
3.4 CITY-ST-ZIP	<b>DEERFIELD BCH FL 33442</b>

TITLE	SD	<input type="checkbox"/> DELETE
NAME	LINDENBAUM, MIRIAM	
STREET ADDRESS	3044 CAMBRIDGE C	
CITY-ST-ZIP	DEERFIELD BEACH FL	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KATZ, JULIUS	
STREET ADDRESS	1045 CAMBRIDGE C	
CITY-ST-ZIP	DEERFIELD FL	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>600002474956</b>
5.3 STREET ADDRESS	<b>-04/01/98--01022--010</b>
5.4 CITY-ST-ZIP	<b>***15006.25</b>

TITLE	CS	<input type="checkbox"/> DELETE
NAME	SCHWARTZWALD, IRVING	
STREET ADDRESS	1056 CAMBRIDGE C	
CITY-ST-ZIP	DEERFIELD BEACH FL	

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

*[Handwritten Signature]*

*11/4/98 9544081201*

CF2E037 (10/97)