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FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90163 001 14,638.75

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 740417

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/14/1977

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-1920115

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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
NAME BLOOM, JULIUS
STREET ADDRESS 1041 CAMBRIDGE C
CITY-ST-ZIP DEERFIELD BEACH FL 33442

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

D POLIKOFF LED
4041 CAMBRIDGE C
DEERFIELD BCH FL 33442

Change Addition

TITLE TD
NAME POLIKOFF, MARGIE
STREET ADDRESS 4041 CAMBRIDGE C
CITY-ST-ZIP DEERFIELD BCH FL

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

D KATZ FLORENCE
1045 CAMBRIDGE C
DEERFIELD BCH FL 33442

Change Addition

TITLE VD
NAME PECCHIA, PATRICK
STREET ADDRESS 2058 CAMBRIDGE C
CITY-ST-ZIP DEERFIELD BCH FL

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

TITLE SD
NAME LINDENBAUM, MIRIAM
STREET ADDRESS 3044 CAMBRIDGE C
CITY-ST-ZIP DEERFIELD BEACH FL

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

TITLE PD
NAME KATZ, JULIUS
STREET ADDRESS 1045 CAMBRIDGE C
CITY-ST-ZIP DEERFIELD FL

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE CS
NAME SCHWARTZWALD, IRVING
STREET ADDRESS 1056 CAMBRIDGE C
CITY-ST-ZIP DEERFIELD BEACH FL

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/99 954-428 1204

CR2E037 (1/198)