

2002 UNIFORM BUSINESS REPORT (UBR)

0096387

DOCUMENT # 740417

1. Entity Name

CAMBRIDGE "C" CONDOMINIUM ASSOCIATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 APR -3 AM 8:25

Principal Place of Business

Mailing Address

C/O CAMBRIDGE C-4041
DEERFIELD BEACH FL 33442

C/O CAMBRIDGE C-4041
DEERFIELD BEACH FL 33442

2. Principal Place of Business

C/O CAMBRIDGE C -2057

3. Mailing Address

C/O CAMBRIDGE C-2057

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DEERFIELD BEACH FL

City & State

DEERFIELD BEACH FL

Zip

Country

33442-3248

Zip

Country

33442-3248

4. FEI Number

59-1920115

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Zip Code

600005258296--6

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, effective 04/12/02 -- 01058--001
15067.50 ***61.25

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. 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	TD	<input type="checkbox"/> Delete
NAME	PECCHIA, CAROLE	
STREET ADDRESS	2058 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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLORENCE KATZ, FLORENCE	
STREET ADDRESS	1045 CAMBRIDGE C	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PECCHIA, CAROL K.	
STREET ADDRESS	2057 CAMBRIDGE C	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PECCHIA, PATRICK	
STREET ADDRESS	2057 CAMBRIDGE C	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZWALD, IRVING	
STREET ADDRESS	1056 CAMBRIDGE C	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL K. PECCHIA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 1-29-02 Daytime Phone # 954-421-8027

CR2E037 (9/01)