

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

05-08-2008 90101 001 15,496.25

DOCUMENT # 740417 1. Entity Name CAMBRIDGE "C" CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business CONDO OWNERS ORG. OF CENTURY VILLAGE E 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085				Mailing Address CONDO OWNERS ORG. OF CENTURY VILLAGE E 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
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			7. Name and Address of New Registered Agent		
CONDO OWNER ORGANIZATION CENTURY VILL E IN EAST INC. 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	☐ Delete	TITLE	✓	☐ Addition
NAME	BLOOM, JULIUS		NAME	NORA WOLF	
STREET ADDRESS	1041 CAMBRIDGE C		STREET ADDRESS	1054 CAMBRIDGE C	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP	D.B. H 33442	
TITLE	PD	☐ Delete	TITLE	D	☐ Addition
NAME	POLIKOFF, MICHAEL		NAME	Roland HAZEL	
STREET ADDRESS	4041 CAMBRIDGE C		STREET ADDRESS	3059 CAMBRIDGE C	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP	D.B. H 33442	
TITLE	VD	☒ Delete	TITLE	D	☐ Addition
NAME	WOLF, NORA		NAME	BASIL PALAZIS	
STREET ADDRESS	1054 CAMBRIDGE C		STREET ADDRESS	4059 CAMBRIDGE C	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP	D.B. H 33442	
TITLE	TD	☒ Delete	TITLE	D	☐ Change ☒ Addition
NAME	SPIZER, ROSE		NAME	JACK STEIN	
STREET ADDRESS	3055 CAMBRIDGE C		STREET ADDRESS	1043 Cambridge C	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP	D.B. H 33442	
TITLE	SD	☐ Delete	TITLE	T	☐ Change ☒ Addition
NAME	PATINER, ROSE		NAME	Robert ROSENMAN	
STREET ADDRESS	3046 CAMBRIDGE C		STREET ADDRESS	3060 CAMBRIDGE C	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	D	☐ Delete	TITLE		
NAME	MILLMAN, BERTHA		NAME		
STREET ADDRESS	4051 CAMBRIDGE CT		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Michael Polikoff</u> MICHAEL POLIKOFF 4/2/08 (954) 428-1204 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					