

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 740418 (9)

1. Corporation Name  
CAMBRIDGE "G" CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: C/O CAMBRIDGE G. APT. 2152 DEERFIELD BEACH FL 33442

Mailing Address: C/O CAMBRIDGE G. APT. 2152 DEERFIELD BEACH FL 33442

3. Date Incorporated or Qualified: 10/14/1977

4. FEI Number: 59-1922109

Applied For:  Not Applicable:

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country

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  
CONDOMINIUM OWNERS ORGANIZATION OF CENTURY VILLAGE EAST, INC.  
3501 WEST DRIVE  
DEERFIELD BEACH FL 33442-2085

10. Name and Address of New Registered Agent

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KESSLER, JACK	
STREET ADDRESS	CAMBRIDGE G 2152	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROSEN, SYLVIA	
STREET ADDRESS	CAMBRIDGE G-2145	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAUPTMAN, HARRY	
STREET ADDRESS	CAMBRIDGE G 1152	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HABER, GLORIA	
STREET ADDRESS	CAMBRIDGE G 2158	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RADICELLA, LENA	
STREET ADDRESS	CAMBRIDGE G 3156	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PAPPERT, FLORA	
STREET ADDRESS	CAMBRIDGE G 1156	
CITY-ST-ZIP	DEERFIELD BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12		
1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JULIA MASH	
1.3 STREET ADDRESS	CAMBRIDGE G 4160	
1.4 CITY-ST-ZIP	DEERFIELD BCH, FL	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ROSEN, SYLVIA	
2.3 STREET ADDRESS	CAMBRIDGE G-2145	
2.4 CITY-ST-ZIP	DEERFIELD BEACH FL	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RADICELLA, LENA	
3.3 STREET ADDRESS	CAMBRIDGE G 3156	
3.4 CITY-ST-ZIP	DEERFIELD BCH FL	
4.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BEARSE, ARLYNE	
4.3 STREET ADDRESS	CAMBRIDGE G 4154	
4.4 CITY-ST-ZIP	DEERFIELD BCH FL	
5.1 TITLE	500002474945	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	-04/01/98--01022--010	
5.3 STREET ADDRESS	***15006.25	
5.4 CITY-ST-ZIP		
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)(l), 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: *[Signature]* REQUIRED 1-8-97 974 429 8202

CR2E087 (10/97)