

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2000 8:00 am
Secretary of State

04-25-2000 90324 001 15,006.25

DOCUMENT # 740418

1. Entity Name

CAMBRIDGE "G" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1922109

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONDOMINIUM OWNERS ORGANIZATION OF CENTURY
 VILLAGE EAST, INC.
 3601 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.

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 \$81.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Delete
NAME	IEITNER, SAM	
STREET ADDRESS	4150 CAMBRIDGE G	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROSEN, SYLVIA	
STREET ADDRESS	CAMBRIDGE G-2145	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	BEARSE, ARLENE	
STREET ADDRESS	4154 CAMBRIDGE G	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MASH, JULIA	
STREET ADDRESS	CAMBRIDGE G 4180	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	RADICELLA, LENA	
STREET ADDRESS	4159 CAMBRIDGE G	
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	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D Thelma Roseblatt	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cambridge G - 2154	
STREET ADDRESS	Deerfield Bch. FL	
CITY-ST-ZIP		
TITLE	Dr. Bertrand, Paul	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cambridge G 1149	
STREET ADDRESS	Deerfield Bch, FL 33442	
CITY-ST-ZIP		
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *SAM IEITNER*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/2000 954 428-2184

DATE

Daytime Phone #

CR2E037 (9/99)