## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## **DOCUMENT # 740418**

1. Entity Name

CAMBRIDGE "G" CONDOMINIUM ASSOCIATION, INC.



FILED

OL APR 27 AH 10: 40

CAMBRIDGE & COMPONITION ASSOCIATION, INC.					SALUE IN ALL STATE			
Principal Plac	e of Business		TALLAHASSEE, FLORIDA					
3501 WEST	VNERS ORG OF CENTURY VILLA DRIVE BEACH FL 33442-2085	GE E CONDO OWNERS ORG 3501 WEST DRIVE DEERFIELD BEACH FL			SE E	6641303		
2. Principal F	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE CR2E037 (11/03)			
City & State		City & State			4. FEI Number	59-1922109	<del></del>	Applied For Not Applicable
Zip	Country	Zip Cou		ntry	5. Certificate of	Status Desired	Desired Sa.75 Additional Fee Required	
	6. Name and Address of Currer	nt Registered Agent		Name	7. Name and Ac	Idress of New Regist	ered Agent	
CONDOMINIUM OWNERS ORGANIZATION OF CENTURY			TURY	Street Address (P.O. Box Number is Not Acceptable)				
VILI 350	_AGE EAST, INC. 1 WEST DRIVE			Street Address	(P.U. Box Number I	s Not Acceptable)		
DEE	RFIELD BEACH FL 33442	2085		City	<del></del>		FL Zip Co	ode
8. The above the obligation	named entity submits this statement itons of registered agent.	for the purpose of changing its	registere	d office or registe	ered agent, or both,	in the State of Florida.	I am familiar wit	th, and accept
SIGNATURE								
	Signature. lyped or printed name of registered age	nt and title it applicable. (NOTE	: Registered	Agent signature require	ed when reinstating)		DATE	ASS E. SEP 1000 September 2000 September 20
	FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Carr Trust Fund C			\$5.00 May Be Added to Fees		heck Payablepartment of	
10.	OFFICERS AND D	DIRECTORS	11.		ADDITIONS/CHAN	GES TO OFFICERS AN	ND DIRECTORS	IN 10
TITLE	VP KESSLER, JACK	☐ Delete	TITLE				☐ Change	e 🔲 Addition
NAME STREET ADDRESS	2152 CAMBRIDGE G		NAME	T ADDRESS	400	034619	814	
CITY-ST-ZIP	DEERFIELD BEACH FL		CITY-	04/63/04=01020=001 ##15005.25				
TITLE	D ROSENBLATT, ABE	<b>⊠</b> -Delete	TITLE	1 150	anhanz	Malosk	∠ ∑ Change	e 🔲 Addition
NAME STREET ADDRESS	CAMBRIDGE G 2145		NAME	_	X + 13 0.4 0	C . St -4	(	
City-ST-ZIP	DEERFIELD BCH FL			T ADDRESS ST-ZIP				
TITLE	D	☐ Delete	TITLE		<u> </u>		☐ Change	e [] Addition
NAME	SALVATORE, RIVERIA	* *	NAME			÷		
STREET ADDRESS CITY-ST-ZIP	4160 CAMBRIDGE G DEERFIELD BEACH FL		•	T ADDRESS	\	$\bigcirc$		
TITLE	D	□ Delete	TITLE	ST-ZIP		<del>(),</del>	Change	- Addition
NAME	ANTOISA, DAN	Li Delete	NAME		XII	//,	☐ Change	e
STREET ADDRESS	CAMBRIDGE G 1158	,	STREE	T ADDRESS	(11)	j		
CITY-ST-ZIP	DEERFIELD BEACH FL		CITY-	ST-ZIP	- A			
TITLE	RADICELLA, LENA	☐ Delete	TITLE				☐ Change	e 🔲 Addition
NAME STREET ADORESE	4159 CAMBRIDGE G		NAME					
STREET ADDRESS CITY-ST-ZIP	DEERFIELD BCH FL			T ADDRESS ST-ZIP				
TITLE	D	☐ Delete	TITLE				Change	e Addition
NAME	PAPPERT, FLORA		NAME			•	(_) Ordings	, nuunion
STREET ADDRESS	CAMBRIDGE G 1156 DEERFIELD BCH FL			T ADDRESS				
CITY-ST-ZIP				ST-ZIP				
12. Thereby	certify that the information supplied wi	th this filing does not qualify for	the exem	nption stated in Se	ection 119.07(3)(i), F	forida Statutes. I furth	er 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/3/04

Date

954 428-2184

Daytime Phone #