


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90417 001 15,496.25

**DOCUMENT # 740418**

1. Entity Name  
**CAMBRIDGE "G" 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  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01202006 Chg-NP CR2E037 (11/05)

City & State  
 Zip Country

4. FEI Number  
**59-1922109**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CONDOMINIUM OWNERS ORGANIZATION OF CENTURY VILLAGE 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 **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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

**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

TITLE	VP	<input type="checkbox"/> Delete
NAME	KESSLER, JACK	
STREET ADDRESS	2152 CAMBRIDGE G	
CITY-ST-ZIP	DEERFIELD BEACH, FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	KESSLER, ELAINE	
STREET ADDRESS	2152 CAMBRIDGE G	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	D	<input type="checkbox"/> Delete
NAME	SALVATORE, RIVERIA	
STREET ADDRESS	4160 CAMBRIDGE G	
CITY-ST-ZIP	DEERFIELD BEACH, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANTOISA, DAN	
STREET ADDRESS	CAMBRIDGE G 1158	
CITY-ST-ZIP	DEERFIELD BEACH, FL	
TITLE	PO	<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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LENA Radicella	
STREET ADDRESS	4159 Cambridge G	
CITY-ST-ZIP	Deerfield Beach, FL 33442	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barbara MALOSKY	
STREET ADDRESS	3100 Cambridge G	
CITY-ST-ZIP	D.B. FL 33442	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Pettetier	
STREET ADDRESS	1159 Cambridge G	
CITY-ST-ZIP	D.B. 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		

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: Lena Radicella LENA RADICELLA 4/1/06 (954) 428-2184  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #