2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90005 015 ****61.25

DOCUMENT # 742733

1. Entity Name
CENTURY VILLAGE CAMBRIDGE A CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3 CAMBRIDGE A WEST PALM BEACH, FL 33417	SEACREST SERVICES INC 2400 CENTRE PARK W. DR., #175 WEST PALM BEACH, FL 33409

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc. 3	Suite, Apt. #, etc.
City & State	City & State W.P.B Fla
Zip Country	Zip Country

01222008   Chg-NP   CR2E037 (12/06)

4. FEI Number
59-1636793

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
DANGIO, ROBERT 3 CAMBRIDGE A WEST PALM BEACH, FL 33417	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)   DATE

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	TS	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	LANGER, CHARLES		NAME			
STREET ADDRESS	9 CAMBRIDGE A		STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP			
TITLE	P	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	D'ANGIO, ROBERT		NAME			
STREET ADDRESS	3 CAMBRIDGE A		STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP			
TITLE	SD	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	SCHMIT, RUTH SCHWARTZ		NAME			
STREET ADDRESS	1 CAMBRIDGE A		STREET ADDRESS			
CITY-ST-ZIP	W PALM BEACH, FL 33417		CITY-ST-ZIP			
TITLE	VD	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	LAMOUREUX, CLAIRE D		NAME			
STREET ADDRESS	21 CAMBRIDGE A		STREET ADDRESS			
CITY-ST-ZIP	W PALM BEACH, FL 33417		CITY-ST-ZIP			
TITLE	D	■ Delete	TITLE		☐ Change	☐ Addition
NAME	BLACK, EDWARD		NAME			
STREET ADDRESS	35 CHATHAM B		STREET ADDRESS			
CITY-ST-ZIP	W PALM BEACH, FL 33417		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			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: _CHARLES LANGER_   2-5-08   683-5104

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #