

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742735

FILED  
Apr 12, 2010  
Secretary of State

Entity Name: CENTURY VILLAGE CAMBRIDGE E CONDOMINIUM ASSOCIATION, INC.

## Current Principal Place of Business:

117 CAMBRIDGE-E  
WEST PALM BEACH, FL 33417 US

## New Principal Place of Business:

117 CAMBRIDGE E  
WEST PALM BEACH, FL 33417 US

## Current Mailing Address:

SEACREST SERVICES INC  
2400 CENTREPARK W DR #175  
WEST PALM BEACH, FL 33409 US

## New Mailing Address:

CAMBRIDGE E C/O SEACREST SERVICES INC  
2400 CENTREPARK W DR #175  
WEST PALM BEACH, FL 33409 US

FEI Number: 59-1641519

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BUCKLEY, GRACE  
117 CAMBRIDGE-E  
WEST PALM BEACH, FL 33417 US

## Name and Address of New Registered Agent:

BUCKLEY, GRACE  
117 CAMBRIDGE E  
WEST PALM BEACH, FL 33417 US

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:

04/12/2010

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P  
Name: BUCKLEY, GRACE  
Address: 117 CAMBRIDGE E  
City-St-Zip: WEST PALM BCH, FL 33417 US

Title: T  
Name: SULLIVAN, EUGENE  
Address: 106 CAMBRIDGE E  
City-St-Zip: WEST PALM BCH, FL 33417 US

Title: D  
Name: YUDIN, JACK  
Address: 104 CAMBRIDGE E  
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: S  
Name: MACOTTE, ROGER  
Address: 108 CAMBRIDGE E  
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: VP  
Name: SANTUCCI, DOTTIE  
Address: 102 CAMBRIDGE E  
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: D  
Name: ROBINSON, EDITH  
Address: 111 CAMBRIDGE E  
City-St-Zip: WEST PALM BEACH, FL 33417 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GALE CORONA

MS

04/12/2010

Electronic Signature of Signing Officer or Director

Date