

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2006 8:00 am
Secretary of State

08-04-2006 90017 048 ****61.25

DOCUMENT # 742736 1. Entity Name CENTURY VILLAGE CAMBRIDGE F CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business CAMBRIDGE F 138 WEST PALM BEACH, FL 33417			Mailing Address 138 CAMBRIDGE F WEST PALM BEACH, FL 33417 US		
2. Principal Place of Business <i>PRUITTS PROPERTY MGMT.</i> Suite, Apt. #, etc. 2575 HOMewood Rd.			3. Mailing Address <i>PRUITTS PROPERTY MGMT.</i> Suite, Apt. #, etc. 2575 HOMewood Rd.		
City & State WEST PALM BEACH		City & State WEST PALM BEACH		4. FEI Number 59-1636787	
Zip 33406		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GLADSTONE, DAN B 138 CAMBRIDGE F WEST PALM BEACH, FL 33417				7. Name and Address of New Registered Agent Name <i>PRUITTS PROPERTY MGMT.</i> Street Address (P.O. Box Number is Not Acceptable) 2575 HOMewood Rd. City <i>WEST PALM BEACH FL</i> Zip Code <i>33406</i>	
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 <i>[Signature]</i> <i>Pres.</i> <i>DONELL PRUITT</i> <i>7-31-06</i> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 6, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	D WOOLFSON, AUDREY 135 CAMBRIDGE F WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOTCHMAN, FLORENCE 137 CAMBRIDGE F WEST PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GLADSTONE, DAN 138 CAMBRIDGE F WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DORICCHI, JOSEPHINE 141 CAMBRIDGE F WEST PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROSENBERG, FRIEDA CAMBRIDGE F 131 WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DORICCHI, FRANK 141 CAMBRIDGE F WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MOB KOTCHMAN, FLORENCE 137 CAMBRIDGE F WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARDO, PETE 125 CAMBRIDGE F WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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