

FILE NOW: FILING FEE IS \$61.25

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Jan 29 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N35021 (7)
1. Corporation Name
COALITION FOR CENTURY VILLAGE EAST HOMEBOUND, IN
C.



Principal Place of Business Mailing Address
46 ASHBY A 47 ASHBY A
#47 #47
DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442-2815
US US

3. Date Incorporated or Qualified 10/31/1989 3a. Date of Last Report 02/13/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	NOT APPLICABLE	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 25	29 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LASS, STELLA
MARKHAM B 36
DEERFIELD BEACH FL 33442

81 Name NATHAN KRASNOFF
82 Street Address (P.O. Box Number is Not Acceptable)
2026 NEWPORT H
83
84 City DEERFIELD BEACH FL 85 Zip Code 33442

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE NATHAN KRASNOFF, TREASURER Nathan Krasnoff 1/19/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEINBERG, SIDNEY	1.2 NAME	
STREET ADDRESS	47 ASHBY A	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, MARIAN	2.2 NAME	
STREET ADDRESS	1012 LYNTHURST H	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH FL	2.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRASNOFF, NATHAN	3.2 NAME	
STREET ADDRESS	2026 NEWPORT H	3.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	3.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNEIDER, ESTA	4.2 NAME	
STREET ADDRESS	4093 OAKRIDGE V	4.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERSON, SALLY	5.2 NAME	
STREET ADDRESS	84 NEWPORT E	5.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LASS, STELLA	6.2 NAME	
STREET ADDRESS	36 MARKHAM B	6.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE NATHAN KRASNOFF, TREASURER Nathan Krasnoff

CR2E037 (9/96)