


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90106 021 \*\*\*\*61.25

U444/05

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>			FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # N35021</b>			
1. Corporation Name <b>COALITION FOR CENTURY VILLAGE EAST HOMEBOUND, IN C.</b>			
Principal Place of Business <b>46 ASHBY A #47 DEERFIELD BEACH FL 33442 US</b>		Mailing Address <b>47 ASHBY A #47 DEERFIELD BEACH FL 33442 US</b>	



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/31/1989</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>NOT APPLICABLE</b>	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24		25		29 30	

9. Name and Address of Current Registered Agent <b>NATHAN KRASNOFF 2026 NEWPORT H DEERFIELD BEACH FL 33442</b>				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 Zip Code <b>FL</b>	

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS			
TITLE	DP	<input type="checkbox"/> DELETE	
NAME	FEINBERG, SIDNEY		
STREET ADDRESS	47 ASHBY A		
CITY-ST-ZIP	DEERFIELD BEACH FL		
TITLE	DV	<input type="checkbox"/> DELETE	
NAME	COHEN, MARIAN		
STREET ADDRESS	1012 LYNDBURST H		
CITY-ST-ZIP	DEERFIELD BCH FL		
TITLE	DT	<input type="checkbox"/> DELETE	
NAME	KRASNOFF, NATHAN		
STREET ADDRESS	2026 NEWPORT H		
CITY-ST-ZIP	DEERFIELD BEACH FL		
TITLE	DS	<input type="checkbox"/> DELETE	
NAME	SCHNEIDER, ESTA		
STREET ADDRESS	4093 OAKRIDGE V		
CITY-ST-ZIP	DEERFIELD BEACH FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	GERSON, SALLY		
STREET ADDRESS	84 NEWPORT E		
CITY-ST-ZIP	DEERFIELD BEACH FL		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I 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, with all other like empowered.

SIGNATURE: Nathan Krasnoff SIGNATURE: NATHAN KRASNOFF, TREASURER 3/1/99 (954) 429-8851  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (11/98)