

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

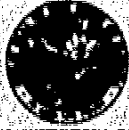
APPROVED AND FILED

95 MAY -1 AM 11:53

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # N25463 (3)

1. Corporation Name
CAMBRIDGE AT CENTURY VILLAGE CONDOMINIUM #11 ASSOCIATION, INC.

Principal Place of Business Mailing Address

1% TROPICAL PROPERTY MANAGEMENT
8910 MIRAMAR PKWY. STE 300
MIRAMAR FL 33025
US

C/O TROPICAL PROP MGMT
8910 MIRAMAR PKWY STE 300
MIRAMAR FL 33025
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/17/1988** 3a. Date of Last Report **04/13/1994**

4. FEI Number **65-0047363** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

DAVIS, CHARLES W.-
1% ENGORE MAINTENANCE & MANAGEMENT
13660 SW 10TH ST.
PEMBROKE PINES FL 33026

TROPICAL PROPERTY MANAGEMENT
8910 MIRAMAR PARKWAY SUITE 300
MIRAMAR, FL 33025

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
TROPICAL PROPERTY MANAGEMENT
8910 MIRAMAR PARKWAY SUITE 300
MIRAMAR, FL 33025

83 City
FL 84 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE **4/28/95**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FRIEDMAN, ALBERT
STREET ADDRESS	1200 SW 25TH AVE L-108
CITY - ST - ZIP	PEMBROKE PINES FL
TITLE	VD
NAME	DICHTER, HY
STREET ADDRESS	1300 S.W. 124TH TERRACE
CITY - ST - ZIP	PEMBROKE PINES FL
TITLE	D
NAME	ANTHONY, BOB
STREET ADDRESS	1200 SW 124TH TERRACE 0-205
CITY - ST - ZIP	PEMBROKE PINES FL
TITLE	VD
NAME	GILBERT, EDWARD I.
STREET ADDRESS	1251 SW 125 AVE. T-112
CITY - ST - ZIP	PEMBROKE FL
TITLE	SD
NAME	GERBER, ALFRED
STREET ADDRESS	1000 SW. 125TH AVE.
CITY - ST - ZIP	PEMBROKE PINES FL
TITLE	TD
NAME	MARCUS, DAVID
STREET ADDRESS	1110 SW. 155TH AVE.
CITY - ST - ZIP	PEMBROKE PINES FL

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Albert Friedman Pres.* DATE: **4/28/95**

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