

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N25463 (3)

CAMBRIDGE AT CENTURY VILLAGE CONDOMINIUM #11 ASSOCIATION, INC.



Principal Place of Business: **% TROPICAL PROPERTY MANAGEMENT, 8910 MIRAMAR PKWY. STE 300, MIRAMAR FL 33025, US**

Mailing Address: **C/O TROPICAL PROP MGMT, 8910 MIRAMAR PKWY STE 300, MIRAMAR FL 33025, US**

3. Date Incorporated or Qualified: **03/17/1988** 3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		65-0047363		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28					
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DAVIS, CHARLES W. TROPICAL PROP. MGMT. 8910 MIRAMAR PKWY. STE. 300 MIRAMAR FL 33025				81. Name	TROPICAL PROPERTY MANAGEMENT		
				82. Street Address (P.O. Box Number and Address)	8910 MIRAMAR PKWY. STE. 300 MIRAMAR, FL 33025		
				83.			
				84. City	FL	85. Zip Code	

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: **SHARON C. DIVERS** DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FRIEDMAN, ALBERT			1.2 NAME			
STREET ADDRESS	1200 SW 25TH AVE L-108			1.3 STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DICHTER, HY			2.2 NAME			
STREET ADDRESS	1300 S.W. 124TH TERRACE			2.3 STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL			2.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ANTHONY, BOB			3.2 NAME			
STREET ADDRESS	1200 SW 124TH TERRACE 0-205			3.3 STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL			3.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GILBERT, EDWARD I.			4.2 NAME			
STREET ADDRESS	1251 SW 125 AVE. T-112			4.3 STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE FL			4.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GERBER, ALFRED			5.2 NAME			
STREET ADDRESS	1000 SW. 125TH AVE.			5.3 STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL			5.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MARCUS, DAVID			6.2 NAME			
STREET ADDRESS	1110 SW. 155TH AVE.			6.3 STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL			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 119.07(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 617, 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, President** DATE: **3/18/96** Daytime Phone # _____

CR2E037 (12/95)

ACB
4-11-96