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Feb 04 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 # N25463 (3)

1. Corporation Name

CAMBRIDGE AT CENTURY VILLAGE CONDOMINIUM #11 ASSOCIATION, INC.



Principal Place of Business

Mailing Address

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

C/O TROPICAL PROP MGMT  
8910 MIRAMAR PKWY STE 300  
MIRAMAR FL 33025-4182

US *Arista mgmt Group South, Inc.*

3. Date Incorporated or Qualified  
03/17/1988

3a. Date of Last Report  
04/11/1996

2. Principal Place of Business  
21 12289 Pembroke Road

2a. Mailing Address  
26 12289 Pembroke Road

4. FEI Number  
65-0047363

Applied For  
Not Applicable

22 Suite 106

27 Suite 106

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

23 Pembroke Pines, Fla

28 Pembroke Pines, Fla

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

24 33025 25 Broward

29 33025 30 Broward

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TROPICAL PROPERTY MANAGEMENT  
8910 MIRAMAR PARKWAY  
SUITE 300  
MIRAMAR FL 33025

81 *Arista mgmt Group South, Inc.*  
82 *12289 Pembroke Road*  
83 *Suite 106*  
84 *Pembroke Pines FL* 85 *33025*

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

*Charles W Davis Pres.* 1-14-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FRIEDMAN, ALBERT	
STREET ADDRESS	1200 SW 25TH AVE L-108	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DICHTER, HY	
STREET ADDRESS	1300 S.W. 124TH TERRACE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SCHWARTZ, MARTIN	
STREET ADDRESS	1200 SW 124TH TERRACE 0-104	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GILBERT, EDWARD I.	
STREET ADDRESS	1251 SW 125 AVE. T-112	
CITY-ST-ZIP	PEMBROKE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GERBER, ALFRED	
STREET ADDRESS	1000 SW. 125TH AVE.	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MARCUS, DAVID	
STREET ADDRESS	1110 SW. 155TH AVE.	
CITY-ST-ZIP	PEMBROKE PINES FL	

1.1 TITLE	<i>President</i>	<input checked="" 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	<i>Treasurer</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<i>Julian Davidson</i>	
6.3 STREET ADDRESS		
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 as changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0023892

*Albert Friedman, President*

CR2E037 (9/96)