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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
US
Crista mgmt Group South, Inc.
C/O TROPICAL PROP MGMT
8910 MIRAMAR PKWY STE 300
MIRAMAR FL 33025-4182
US

3. Date Incorporated or Qualified 03/17/1988
3a. Date of Last Report 04/11/1996

2. Principal Place of Business 2a. Mailing Address
21 12289 Pembroke Road 26 12289 Pembroke Road

4. FEI Number 65-0047363
Applied For Not Applicable

22 Suite, Apt. #, etc Suite 106
27 Suite 106

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

23 City & State Pembroke Pines, Fla 28 Pembroke Pines, Fla

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

24 Zip 33025 25 Country Broward 29 Zip 33025 30 Country 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
TROPICAL PROPERTY MANAGEMENT
8910 MIRAMAR PARKWAY
SUITE 300
MIRAMAR FL 33025

10. Name and Address of New Registered Agent
81 Name Crista mgmt Group South, Inc.
82 Street Address (P.O. Box Number is Not Accepted) 12289 Pembroke Road
83 Suite 106
84 City Pembroke Pines FL 85 Zip State 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 Charles W Davis Pres. 1-14-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Table with 6 rows and 2 columns: OFFICERS AND DIRECTORS. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entries for PD FRIEDMAN, ALBERT; VD DICHTER, HY; VPD SCHWARTZ, MARTIN; VD GILBERT, EDWARD I.; SD GERBER, ALFRED; TD MARCUS, DAVID.

Table with 6 rows and 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entry for President and Treasurer Julian Davidson.

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, changed, or on an attachment with an address.

SIGNATURE: X Albert Friedman President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0023892

CR2E037 (9/96)