


FILE NOW: FILING FEE IS \$61.25

FILED

**Jan 28 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N25463 (3)
1. Corporation Name
CAMBRIDGE AT CENTURY VILLAGE CONDOMINIUM #11 ASSOCIATION, INC.



Principal Place of Business %ARISTA MGMT. GROUP SOUTH, INC. 12289 PEMBROKE ROAD, SUITE 106 PEMBROKE PINES FL 33025 US	Mailing Address 12289 PEMBROKE ROAD SUITE 106 PEMBROKE PINES FL 33025 US <i>arista South</i>
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3. Date Incorporated or Qualified 03/17/1988		
4. FEI Number 65-0047363	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75	Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00	May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**% ARISTA MGMT. GROUP SOUTH INC.
12289 PEMBROKE ROAD
SUITE 106
PEMBROKE PINES FL 33025**

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

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: *Charlie Davis* Reg Agent DATE: *1-12-98*

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	FRIEDMAN, ALBERT	
STREET ADDRESS	1200 SW 25TH AVE L-108	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DICHTER, HY	
STREET ADDRESS	1300 S.W. 124TH TERRACE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	VPD	<input checked="" 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 checked="" type="checkbox"/> DELETE
NAME	GERBER, ALFRED	
STREET ADDRESS	1000 SW. 125TH AVE.	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	DAVIDSON, JULIAN	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<i>D Steven Rodeny</i>
5.3 STREET ADDRESS	<i>1000 SW 125th Ave.</i>
5.4 CITY-ST-ZIP	<i>P.P. Fla 33027</i>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<i>T David Marcus</i>
6.3 STREET ADDRESS	<i>1110 SW 155th Ave.</i>
6.4 CITY-ST-ZIP	<i>P.P. Fla 33027</i>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *X Albert Friedman Pres.* 1-13-98 436-5888

CR2E037 (10/97)