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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N25463

1. Corporation Name

CAMBRIDGE AT CENTURY VILLAGE CONDOMINIUM #11 ASSOCIATION, INC.

2103

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



2. Principal Place of Business

21 12229 Pembroke Road

2a. Mailing Address

26 12229 Pembroke Road

3. Date Incorporated or Qualified

03/17/1988

Suite, Apt. #, etc.

22 Pembroke Pines, 71A

Suite, Apt. #, etc.

27 Pembroke Pines, 71A

4. FEI Number

65-0047363

Applied For

Not Applicable

City & State

23 33025 USA

City & State

28 33025 USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

Country

24 33025 USA

Zip

Country

29 33025 USA

6. Election Campaign Financing

\$5.00 May Be Added to Fees

Trust Fund Contribution

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)

12229 Pembroke Road
Pembroke Pines

84 City

FL

85 Zip Code

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. Harris

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME FRIEDMAN, ALBERT
STREET ADDRESS 1200 SW 25TH AVE L-108
CITY-ST-ZIP PEMBROKE PINES FL

DELETE

TITLE VD
NAME GILBERT, EDWARD I.
STREET ADDRESS 1251 SW 125 AVE. T-112
CITY-ST-ZIP PEMBROKE FL

DELETE

TITLE D
NAME RODENY, STEVEN
STREET ADDRESS 1000 S.W. 125TH AVE
CITY-ST-ZIP PEMBROKE PINES FL 33027

DELETE

TITLE T
NAME MARCUS, DAVID
STREET ADDRESS 1110 S.W. 155TH AVE
CITY-ST-ZIP PEMBROKE PINES FL 33027

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME Friedman, Helen
1.3 STREET ADDRESS 1200 SW 125TH AVE
1.4 CITY-ST-ZIP Pembroke Pines, 71A 33027

Change Addition

2.1 TITLE PD
2.2 NAME Gilbert, EDWARD
2.3 STREET ADDRESS 1251 SW 125TH AVE.
2.4 CITY-ST-ZIP Pembroke PINES, 71A 33027

Change Addition

3.1 TITLE D
3.2 NAME ROSENTHAL, IRVING
3.3 STREET ADDRESS 1000 SW 125TH AVE
3.4 CITY-ST-ZIP Pembroke PINES, 71A 33027

Change Addition

4.1 TITLE S/T
4.2 NAME SHANKEN, ROZ
4.3 STREET ADDRESS 1110 SW 125TH AVE
4.4 CITY-ST-ZIP Pembroke PINES, 71A 33027

Change Addition

5.1 TITLE VP
5.2 NAME Puzetz, Joel
5.3 STREET ADDRESS 1200 SW 125TH Terrace
5.4 CITY-ST-ZIP Pembroke PINES, 71A 33027

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles W. Harris

1/28/99

Date

Daytime Phone #

CR2E037 (11/98)