

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 26, 1999 8:00 am**  
**Secretary of State**

02-26-1999 90035 050 \*\*\*\*61.25

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.

#103

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 12289 Pembroke Road

2a. Mailing Address

26 12289 Pembroke Road

3. Date Incorporated or Qualified

03/17/1988

22 Suite, Apt. #, etc.

Pembroke Pines, FL 71A

27 Suite, Apt. #, etc.

Pembroke Pines, FL 71A

4. FEI Number

65-0047363

Applied For

Not Applicable

23 City & State

33025 USA

28 City & State

33025 USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip

25 Country

29 Zip

30 Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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)

12289 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. Name*

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
P	FRIEDMAN, ALBERT	1200 SW 25TH AVE L-108	PEMBROKE PINES FL	<input checked="" type="checkbox"/>
VD	GILBERT, EDWARD I.	1251 SW 125 AVE. T-112	PEMBROKE FL	<input type="checkbox"/>
D	RODNEY, STEVEN	1000 S.W. 125TH AVE	PEMBROKE PINES FL 33027	<input checked="" type="checkbox"/>
T	MARCUS, DAVID	1110 S.W. 155TH AVE	PEMBROKE PINES FL 33027	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
D	Friedman, Helen	1200 SW 125th Ave	Pembroke Pines, FL 33027	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PD	Gilbert, Edward	1251 SW 125th Ave.	Pembroke Pines, FL 33027	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	ROSENTHAL, IRVING	1000 SW 125th Ave	Pembroke Pines, FL 33027	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S/T	SHANKEN, ROZ	1110 SW 125th Ave	Pembroke Pines, FL 33027	<input type="checkbox"/>	<input type="checkbox"/>
VP	Puretz, Joel	1200 SW 124th Terrace	Pembroke Pines, FL 33027	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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. Name*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)