

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90020 042 ****61.25

DOCUMENT # N25463

1. Entity Name

CAMBRIDGE AT CENTURY VILLAGE CONDOMINIUM #11 ASS

Principal Place of Business

Mailing Address

12229 PEMBROKE ROAD
 PEMBROKE PINES FL 33025
 US

12229 PEMBROKE ROAD
 PEMBROKE PINES FL 33025-1725
 US

80007859



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0047363

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

% ARISTA MGMT. GROUP SOUTH INC.
 12229 PEMBROKE ROAD
 PEMBROKE PINES FL 33025

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Charles W Davis Reg. Agt.

1/11/2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FRIEDMAN, HELEN	
STREET ADDRESS	1200 SW 125TH AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GILBERT, EDWARD I.	
STREET ADDRESS	1251 SW 125TH AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROSENTHAL, IRVING	
STREET ADDRESS	1000 SW 125TH AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SHANKEN, ROZ	
STREET ADDRESS	1110 SW 125TH AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PURETZ, JOEL	
STREET ADDRESS	1200 SW 124TH TERRACE	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERBER, ALFRED	
STREET ADDRESS	1000 SW 125 AVENUE	
CITY-ST-ZIP	PEMBROKE PINES, FL 33027	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROY SOLOMON	
STREET ADDRESS	1200 SW 125 AVE	
CITY-ST-ZIP	PEMBROKE PINES, FL 33027	
TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PURETZ, JOEL	
STREET ADDRESS	1200 SW 124 TERRACE	
CITY-ST-ZIP	PEMBROKE PINES, FL 33027	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAM LEWIS	
STREET ADDRESS	1300 SW 124 TERRACE	
CITY-ST-ZIP	PEMBROKE PINES, FL 33027	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Joe Puretz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/2000

DATE

(954) 436-5888

DAYTIME PHONE #