

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90115 016 ****61.25

DOCUMENT # N25463

1. Entity Name
CAMBRIDGE AT CENTURY VILLAGE CONDOMINIUM #11 ASSOCIATION, INC.



Principal Place of Business
**13460 SW 10 STREET
SUITE 101
PEMBROKE PINES FL 33027
US**

Mailing Address
**13460 SW 10 STREET
SUITE 101
PEMBROKE PINES FL 33027
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0047363**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**DAVIS, CHARLES W
12229 PEMBROKE ROAD
PEMBROKE PINES FL 33025**

7. Name and Address of New Registered Agent

Name **DAVIS, CHARLES W.**
Street Address (P.O. Box Number is Not Acceptable)
**13460 SW 10 St.
Suite 101**
City **Pembroke Pines FL** Zip Code **33027**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Charles W Davis

1-6-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE DVP	<input checked="" type="checkbox"/> Delete
NAME GERBER, ALFRED	
STREET ADDRESS 1000 SW 125 AVE, N-404	
CITY-ST-ZIP PEMBROKE PINES FL 33027	
TITLE D	<input type="checkbox"/> Delete
NAME SOLOMON, ROY	
STREET ADDRESS 1200 SW 125 AVE., L-210	
CITY-ST-ZIP PEMBROKE PINES FL 33027	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME LEWIS, SAM	
STREET ADDRESS 1300 SW 124 TERR., P-302	
CITY-ST-ZIP PEMBROKE PINES FL 33027	
TITLE ST	<input type="checkbox"/> Delete
NAME SHANKEN, ROZ	
STREET ADDRESS 1110 SW 125TH AVE., M-306	
CITY-ST-ZIP PEMBROKE PINES FL 33027	
TITLE DP	<input type="checkbox"/> Delete
NAME PURETZ, JOEL	
STREET ADDRESS 1200 SW 124TH TERRANCE O-312	
CITY-ST-ZIP PEMBROKE PINES FL 33027	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME SCHWARTZ, ALVIN	
STREET ADDRESS 1251 SW 125 AV., T-306	
CITY-ST-ZIP PEMBROKE PINES FL 33027	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HAMILTON, PAT	
STREET ADDRESS 1000 SW 125 AV N-410	
CITY-ST-ZIP Pembroke Pines, FL 33027	
TITLE D V P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SCHWARTZ, STANLEY	
STREET ADDRESS 1300 SW 124 TE P-111	
CITY-ST-ZIP Pembroke Pines, FL 33027	
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GILBERT, EDWARD	
STREET ADDRESS 1251 SW 125 AV T-112	
CITY-ST-ZIP Pembroke Pines, FL 33027	

CR2E037 (10/02)

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]

1-14-2003

954 436 5888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR