

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N25463

**Entity Name:** CAMBRIDGE AT CENTURY VILLAGE CONDOMINIUM #11 ASSOCIATION, INC.**FILED**  
**Feb 22, 2023**  
**Secretary of State**  
**1464806646CC****Current Principal Place of Business:**13460 SW 10 STREET  
SUITE 101  
PEMBROKE PINES, FL 33027**Current Mailing Address:**13460 SW 10 STREET  
SUITE 101  
PEMBROKE PINES, FL 33027 US**FEI Number: 65-0047363****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**OTTO, CHARLIE ESQ  
2699 STIRLING ROAD  
SUITE C-207  
FORT LAUDERDALE, FL 33312 US*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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** DIRECTOR  
**Name** FRIEDMAN, SONIA  
**Address** 1251 SW 125TH AVENUE T-202  
**City-State-Zip:** PEMBROKE PINES FL 33027**Title** TREASURER  
**Name** MOLANO, GLORIA  
**Address** 1110 SW 125TH AVENUE  
M-301  
**City-State-Zip:** PEMBROKE PINES FL 33027**Title** DIRECTOR  
**Name** MYRON, MILLER  
**Address** 1200 SW 125TH AVENUE  
L-415  
**City-State-Zip:** PEMBROKE PINES FL 33027**Title** PRESIDENT  
**Name** FALCON, CONNIE  
**Address** 1200 SW 124 TERRACE,  
O-402  
**City-State-Zip:** PEMBROKE PINES FL 33027**Title** VP, SECRETARY  
**Name** SERGIO, BRANDAO  
**Address** 1000 SW 125 AVENUE  
N-409  
**City-State-Zip:** PEMBROKE PINES FL 33027

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE: CONNIE FALCON****PRESIDENT****02/22/2023**

Electronic Signature of Signing Officer/Director Detail

Date