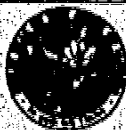


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 26 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N22935 (3)

1. Corporation Name

**CAMBRIDGE AT CENTURY VILLAGE CONDOMINIUM #1 ASSO
CIATION, INC.**

Principal Place of Business

Mailing Address

8910 MIRAMAR PKWY
#300
MIRAMAR FL 33025
US

8910 MIRAMAR PKWY
#300
MIRAMAR FL 33025
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/09/1987

3a. Date of Last Report

04/14/1994

4. FEI Number

65-0035351

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TROPICAL PROPERTY MANAGEMENT
8910 MIRAMAR PKWY STE 300
MIRAMAR FL 33025**

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **TDV P D**
NAME **MARTIN MOSKOWITZ**
STREET ADDRESS **1100 SW 128TH TERRACE**
CITY - ST - ZIP **PEMBROKE PINES FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

PD
MARTIN MOSKOWITZ
1100 S.W. 128 TERR.
PEMBROKE PINES, FL

☒ Change ☐ Addition

TITLE **TD**
NAME **~~RAMPINO, MARILYN~~**
STREET ADDRESS **~~801 SW 128TH TERR.~~**
CITY - ST - ZIP **~~PEMBROKE PINES FL~~**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

D
Muriel Gelbard
901 S.W. 128th Terr.
Pembroke Pines, FL.

☒ Change ☐ Addition

TITLE **TD**
NAME **~~COLLOS, JOYCE~~**
STREET ADDRESS **~~1001 SW 128TH TERR.~~**
CITY - ST - ZIP **~~PEMBROKE PINES FL~~**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

D
Ken Collos
1001 S.W. 128th Terr.
Pembroke Pines, FL.

☒ Change ☐ Addition

TITLE **VD VP D**
NAME **JACK SODERO**
STREET ADDRESS **1000 S.W. 128TH TERR.**
CITY - ST - ZIP **PEMBROKE PINES FL**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

VP D
JACK SODERO
1000 S.W. 128 TERR.
PEMBROKE PINES, FL

☒ Change ☐ Addition

TITLE **PD T D**
NAME **ASHKENAZY, AARON**
STREET ADDRESS **1101 S.W. 128TH TERR.**
CITY - ST - ZIP **PEMBROKE PINES FL**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TD
ASHKENAZY AARON
1101 S.W. 128 TERR
PEMBROKE PINES, FLA

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

☐ Change ☐ Addition

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information furnished in 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 017, Florida Statutes; and that my name appears in Block 12.

SIGNATURE:

Martin A. Moskowitz Pres.

4/20/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #