FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 ASSOCIATION, 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.: 22	Suite, Apt. #, etc.: 27
City & State: 23	City & State: 28
Zip: 24 Country: 25	Zip: 29 Country: 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~TDV~~ P D	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	MARTIN MOSKOWITZ	1.2 NAME	MARTIN MOSKOWITZ	
STREET ADDRESS	1100 SW 128TH TERRACE	1.3 STREET ADDRESS	1100 S.W. 128 TERR.	
CITY-ST-ZIP	PEMBROKE PINES FL	1.4 CITY-ST-ZIP	PEMBROKE PINES, FL	
TITLE	~~TD~~	2.1 TITLE	D	☑ Change ☐ Addition
NAME	~~RAMPINO, MARILYN~~	2.2 NAME	Muriel Gelband	
STREET ADDRESS	~~901 SW 128TH TERR.~~	2.3 STREET ADDRESS	901 S.W. 128th Terr.	
CITY-ST-ZIP	~~PEMBROKE PINES FL~~	2.4 CITY-ST-ZIP	Pembroke Pines, Fl.	
TITLE	~~SD~~	3.1 TITLE	D	☐ Change ☐ Addition
NAME	~~COLLOS, JOYCE~~	3.2 NAME	Ken Collos	
STREET ADDRESS	~~1001 SW 128TH TERR.~~	3.3 STREET ADDRESS	1001 S.W. 128th Terr.	
CITY-ST-ZIP	~~PEMBROKE PINES FL~~	3.4 CITY-ST-ZIP	Pembroke Pines, Fl.	
TITLE	~~VD~~ VP D	4.1 TITLE	VP D	☑ Change ☐ Addition
NAME	JACK SODERO	4.2 NAME	Jack SoDERO	
STREET ADDRESS	1000 S.W. 128TH TERR.	4.3 STREET ADDRESS	1000 S.W. 128 TERR.	
CITY-ST-ZIP	PEMBROKE PINES FL	4.4 CITY-ST-ZIP	PEMBROKE PINES, FL	
TITLE	~~PD~~ T D	5.1 TITLE	TD	☑ Change ☐ Addition
NAME	ASHKENAZY, AARON	5.2 NAME	ASHKENAZY, AARON	
STREET ADDRESS	1101 S.W. 128TH TERR.	5.3 STREET ADDRESS	1101 S.W. 128 TERR	
CITY-ST-ZIP	PEMBROKE PINES FL	5.4 CITY-ST-ZIP	PEMBROKE PINES, FLA	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby 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 12 or 13 above, if changed, or on an attachment with an address.

SIGNATURE: Martin A. Moskowitz Pres. 4/20/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0008468