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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

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 33025-4162 US

3. Date Incorporated or Qualified: 10/09/1987
3a. Date of Last Report: 03/27/1996

2. Principal Place of Business
21 c/o Summit
22 Suite, Apt. #, etc. P.O. Box 189013
23 City & State: Plantation, FL
24 Zip: 33318 25 Country: USA

2a. Mailing Address
26 c/o Summit
27 Suite, Apt. #, etc. P.O. Box 189013
28 City & State: Plantation, FL
29 Zip: 33318 30 Country: USA

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

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

9. Name and Address of Current Registered Agent

TROPICAL PROPERTY MANAGEMENT
8910 MIRAMAR PKWY STE 300
MIRAMAR FL 33025

10. Name and Address of New Registered Agent

81 Name: Summit Property Management, Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 4450 W. Sunrise Blvd.
83: Suite C-100
84 City: Plantation FL 85 Zip Code: 33313

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [signature] Gail H. Sangunett, V.P. - Administration 2/19/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	TD	☒ Change ☐ Addition
NAME	MARTIN MOSKOWITZ		1.2 NAME		
STREET ADDRESS	1100 SW 128TH TERRACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	GELBAND, MURIEL		2.2 NAME		
STREET ADDRESS	901 S.E. 128TH TERRACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	TADELMAN, HYMAN		3.2 NAME		
STREET ADDRESS	1001 SW 128 TERRCE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		3.4 CITY-ST-ZIP		
TITLE	~~VPD~~	☒ DELETE	4.1 TITLE	PD	☐ Change ☒ Addition
NAME	~~JACK SODERO~~		4.2 NAME	Askew, Harold	
STREET ADDRESS	~~1000 S.W. 128TH TERR.~~		4.3 STREET ADDRESS	1000 S.W. 128th Terrace	
CITY-ST-ZIP	~~PEMBROKE PINES FL~~		4.4 CITY-ST-ZIP	Pembroke Pines, FL	
TITLE	~~TD~~	☐ DELETE	5.1 TITLE	VD	☒ Change ☐ Addition
NAME	LIEBMAN, LEON		5.2 NAME		
STREET ADDRESS	1101 SW 128 TERRACE		5.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Harold Askew 2/7/97 954-435-3924
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #