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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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
%SUMMIT PO BOX 189013 PLANTATION FL 33318 US	%SUMMIT PO BOX 189013 PLANTATION FL 33318 US

3. Date Incorporated or Qualified: 10/09/1987

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 Prime Management Group	26
Suite, Apt. #, etc. 22 9728 Pines Blvd	Suite, Apt. #, etc. 27 SAME
City & State 23 Pembroke Pines Fl	City & State 28
Zip 24 33024 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

~~SUMMIT PROPERTY MANAGEMENT INC~~
~~4450 W SUNRISE BLVD~~
~~C-100~~
~~PLANTATION FL 33313~~

10. Name and Address of New Registered Agent

81 Name: Steve Schnitzer c/o Prime Management
82 Street Address (P.O. Box Number is Not Acceptable): 9728 Pines Blvd
83
84 City: Pembroke Pines FL 85 Zip Code: 33024

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: _____ 1/1-98
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	TD	☑ DELETE	1.1 TITLE	Director	☐ Change ☑ Addition
NAME	MARTIN MOSKOWITZ		1.2 NAME	Sylvia Landis	
STREET ADDRESS	1100 SW 128TH TERRACE		1.3 STREET ADDRESS	1100 S.W. 128th Terr	
CITY-ST-ZIP	PEMBROKE PINES FL		1.4 CITY-ST-ZIP	Pembroke Pines, Fl 33027	
TITLE	SD	☐ DELETE	2.1 TITLE		☐ 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	D	☐ DELETE	3.1 TITLE		☐ 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	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ASKEW, HAROLD		4.2 NAME		
STREET ADDRESS	1000 SW 128 TERR		4.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE		☐ 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		

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14. 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 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: Harold L. Askew 1/21/98 954-435-3924