

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22935

1. Entity Name

CAMBRIDGE AT CENTURY VILLAGE CONDOMINIUM
#1 ASSOCIATION, INC

Principal Place of Business

Mailing Address

PRIME MANAGEMENT
15951 SW 41ST STREET
DAVIE, FL 33331

15951 SW 41ST STREET
DAVIE, FL 33331

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHNITZER, STEVE
15951 SW 41ST STREET
DAVIE, FL 33331

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☐ Delete
NAME	LEIBMAN, LEON	
STREET ADDRESS	1101 SW 128TH TERR #C209	
CITY-ST-ZIP	PEMBROKE PINES, FL 33027	
TITLE	SD	☐ Delete
NAME	SWICK, ROBERT	
STREET ADDRESS	1000 SW 128TH TERR #V203	
CITY-ST-ZIP	PEMBROKE PINES, FL 33027	
TITLE	D	☐ Delete
NAME	GELBAND, MURIEL	
STREET ADDRESS	901 SW 128TH TERR #A105	
CITY-ST-ZIP	PEMBROKE PINES, FL 33027	
TITLE	D	☐ Delete
NAME	LANDES, SYLVIA	
STREET ADDRESS	1100 SW 128TH TERR #U411	
CITY-ST-ZIP	PEMBROKE PINES, FL 33027	
TITLE	TD	☐ Delete
NAME	TADELMAN, HYMEN	
STREET ADDRESS	1001 SW 128TH TERR #B111	
CITY-ST-ZIP	PEMBROKE PINES, FL 33027	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90066 015 ****61.25

C9022686

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0035351

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

CR2E037 (9/99)