2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State
03-25-2002 90115 039 ****61.25

DOCUMENT # N22935

1. Entity Name

CAMBRIDGE AT CENTURY VILLAGE CONDOMINIUM #1 ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O PRIME MANAGEMENT 15951 SW 41ST STREET DAVIE FL 33331 US	C/O PRIME MANAGEMENT 15951 SW 41ST STREET DAVIE FL 33331 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0261088 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

FILE NOW: FEE IS $61.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D LANDIS, SYLVIA 1100 S.W. 128TH TERR PEMBROKE PINES FL 33027	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARCUS, AUBEY 1000 SW 128 TERR. PEMBROKE PINES 33027	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GELBAND, MURIEL 901 S.E. 128TH TERRACE PEMBROKE PINES FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARBACH, MARVIN 901 SW 128 TERR. PEMBROKE PINES 33027	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TADELMAN, HYMAN 1001 SW 128 TERRCE PEMBROKE PINES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SWICK, ROBERT 1000 SW 128 TERR PEMBROKE PINES FL 33027	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOSKOWITZ, MARTIN 1100 SW 128 TERR. PEMBROKE PINES 33027	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LIEBMAN, LEON 1101 SW 128 TERRACE PEMBROKE PINES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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 REQUIRED Leon Liebman 3-12-2002 954-439-7251
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

LEON LIEBMAN