# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Feb 09, 2005 8:00 am**
**Secretary of State**
02-09-2005 90048 020 ****61.25

50012481

1st MOORE CR2E037 (10/04)

DOCUMENT # N22935

1. Entity Name

CAMBRIDGE AT CENTURY VILLAGE CONDOMINIUM #1 ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| C/O PRIME MANAGEMENT<br>15951 SW 41ST STREET #150<br>DAVIE FL 33331<br>US | C/O PRIME MANAGEMENT<br>15951 SW 41ST STREET #150<br>DAVIE FL 33331<br>US |

| 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<br>15951 SW 41ST STREET #150<br>DAVIE FL 33331 | Name<br>Street Address (P.O. Box Number is Not Acceptable) 15951 SW 41 ST. #150<br>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. I am familiar with, and accept the obligations of registered agent.

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**
**Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MILTON, SELDA<br>1000 SW 128 TERRACE, #V309<br>PEMBROKE PINES FL 33027 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BARBACH, MARVIN<br>901 SW 128 TERR<br>PEMBROKE PINES FL 33027 | ☒ Delete | TITLE V<br>EMIL BENINCASA<br>901 SW 128 TERR #A108<br>P. Pines FL 33027 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>TADELMAN, HYMAN<br>1001 SW 128 TERRACE, #111<br>HOLLYWOOD FL 33027 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP<br>Hymen Tadelman<br>1061 SW 128 TER.<br>P. PINES, FL. 33026 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MOSKOWITZ, MARTIN<br>1000 SW 128 TERR<br>PEMBROKE PINES FL 33027 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP<br>Martin A. Moskowitz<br>1100 SW 128 TER APT 104<br>Pembroke Pines, FL 33027 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>LIEBMAN, LEON<br>1101 SW 128 TERRACE<br>PEMBROKE PINES FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP<br>Leon Liebman<br>1101 S.W. 128 Terr<br>Pembroke Pines Fl 33027 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

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:** X Leon Liebman 2/3/05 (954)384 2410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #