2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State
04-18-2007 90150 019 ****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

03292007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
13460 SW 10th Street	13460 SW 10th Street
Suite, Apt. #, etc.: Suite 101	Suite, Apt. #, etc.: Suite 101
City & State: Pembroke Pines, FL	City & State: Pembroke Pines, FL
Zip: 33027 Country: US	Zip: 33027 Country: US

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

DAVIS, CHARLES
13460 SW 10TH ST
SUITE 101
HOLLYWOOD, FL 33027

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Charles W Davis Reg. Agt. DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

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 MILTON, SELDA 1000 SW 128 TERRACE, #V309 PEMBROKE PINES, FL 33027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BENINCASA, EMIL 901 S W 128 TER APT 108 PEMBROKE PINES, FL 33027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2nd VP	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TADELMAN, HYMAN 1001 SW 128 TERR PEMBROKE PINES, FL 33028	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOSKOWITZ, MARTIN 1100 SW 128 TERR APT 104 PEMBROKE PINES, FL 33027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1st VP	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LIEBMAN, LEON 1101 SW 128 TERR PEMBROKE PINES, FL 33026	☐ 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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Ron Lubman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #