

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90008 014 \*\*\*\*61.25

<b>DOCUMENT # N22935</b> 1. Entity Name <b>CAMBRIDGE AT CENTURY VILLAGE CONDOMINIUM #1 ASSOCIATION, INC.</b>					
Principal Place of Business <b>13460 SW 10TH STREET SUITE 101 PEMBROKE PINES, FL 33027 US</b>			Mailing Address <b>13460 SW 10TH STREET SUITE 101 PEMBROKE PINES, FL 33027 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>65-0261088</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> <b>DAVIS, CHARLES 13460 SW 10TH ST SUITE 101 HOLLYWOOD, FL 33027</b>			<b>7. Name and Address of New Registered Agent</b> Name <b>Charlie Otto, Esq.</b> Street Address (P.O. Box Number is Not Acceptable) <b>STRALEY + OTTO P.A.</b> <b>2699 Stirling Rd., Suite C-207</b> City <b>Ft. Lauderdale</b> FL <b>33312</b>		
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 <u><b>CHARLES OTTO, ESQ., for STRALEY + OTTO, P.A.</b></u> <span style="float: right;">1-11-08</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Amended AR is \$61.25</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MILTON, SELDA</b> <b>1000 SW 128 TERRACE, #V309</b> <b>PEMBROKE PINES, FL 33027</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2VP</b> <b>BENINCASA, EMIL</b> <b>901 S W 128 TER APT 108</b> <b>PEMBROKE PINES, FL 33027</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>TADELMAN, HYMAN</b> <b>1001 SW 128 TERR</b> <b>PEMBROKE PINES, FL 33028</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1VP</b> <b>MOSKOWITZ, MARTIN</b> <b>1100 SW 128 TERR APT 104</b> <b>PEMBROKE PINES, FL 33027</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LIEBMAN, LEON</b> <b>1101 SW 128 TERR</b> <b>PEMBROKE PINES, FL 33026</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> <u><b>Leon Lieberman</b></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					