2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22935

FILED Jaņ 15, 2<u>00</u>9 Secretary of State

Entity Name: CAMBRIDGE AT CENTURY VILLAGE CONDOMINIUM #1 ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 13460 SW 10TH STREET SUITE 101 PEMBROOKE PINES, FL 33027 US **New Mailing Address: Current Mailing Address:** 13460 SW 10TH STREET SUITE 101 PEMBROOKE PINES, FL 33027 US FEI Number: 65-0261088 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: OTTO, CHARLIE ESQ OTTO, CHARLIE ESQ 2699 STIRLING RD STE C207 2699 STIRLING RD FORT LAUDERDALE, FL 33312 US SUITE C-207 FORT LAUDERDALE, FL 33312 US 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: 01/15/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MILTON, SELDA Name:

() Delete

Title:

(X) Change () Addition

Name: 1000 SW 128 TERRACE, #V309 Address: Address: City-St-Zip: PEMBROKE PINES, FL 33027 City-St-Zip: Title: () Delete Title: (X) Change () Addition BENINCASA, EMIL Name: BENINCASA, EMIL Name: Address: 901 S W 128 TER APT 108 Address: 901 S W 128 TER, A-108 City-St-Zip: PEMBROKE PINES, FL 33027 City-St-Zip: PEMBROKE PINES, FL 33027 Title: 1VP () Delete Title: (X) Change () Addition MOSKOWITZ, MARTIN SMALKIN, MIRIAM Name: Name: 1100 SW 128 TERR APT 104 1001 SW 128 TERRACE, B-409 Address: Address: City-St-Zip: PEMBROKE PINES, FL 33027 City-St-Zip: PEMBROKE PINES, FL 33027 US

Name: LIEBMAN, LEON Name: LIEBMAN, LEON Address: 1101 SW 128 TERR Address: 1101 SW 128 TERR, C-209 City-St-Zip: PEMBROKE PINES, FL 33026 City-St-Zip: PEMBROKE PINES, FL 33026

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

SIGNATURE: LEON LIEBMAN Ρ 01/15/2009