

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22935

**FILED**  
**Jan 27, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

13460 SW 10TH STREET  
SUITE 101  
PEMBROOKE PINES, FL 33027 US

**New Principal Place of Business:**

**Current Mailing Address:**

13460 SW 10TH STREET  
SUITE 101  
PEMBROOKE PINES, FL 33027 US

**New Mailing Address:**

**FEI Number:** 65-0261088

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OTTO, CHARLIE ESQ  
2699 STIRLING RD  
SUITE C-207  
FORT LAUDERDALE, FL 33312 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: MILTON, SELDA  
Address: 1000 SW 128 TERRACE, V-309  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: SCTR  
Name: BENINCASA, EMIL  
Address: 901 S W 128 TER, A-108  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: DR  
Name: SMALKIN, MIRIAM  
Address: 1001 SW 128 TERRACE, B-409  
City-St-Zip: PEMBROKE PINES, FL 33027 US

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

Title: DR  
Name: STERES, ANNETTE  
Address: 1100 SW 128 TERRACE, U-309  
City-St-Zip: PEMBROKE PINES, FL 33027

I hereby 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 all other like empowered.

SIGNATURE: LEON LEIBMAN

PD

01/27/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date