

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90116 015 \*\*\*\*61.25

**DOCUMENT # N25463**

1. Entity Name  
**CAMBRIDGE AT CENTURY VILLAGE CONDOMINIUM #11 ASSOCIATION, INC.**



Principal Place of Business  
**13460 SW 10 STREET  
 SUITE 101  
 PEMBROKE PINES, FL 33027 US**

Mailing Address  
**13460 SW 10 STREET  
 SUITE 101  
 PEMBROKE PINES, FL 33027 US**

**50026336**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01102005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number  
**65-0047363**

Applied For  
 Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**DAVIS, CHARLES W  
 13460 SW 10 ST.  
 SUITE 101  
 PEMBROKE PINES, 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* DATE **2/28/05**

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, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMILTON, PAT 1000 SW 125 AV N-410 PEMBROKE PINES, FL 33027 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SOLOMON, ROY 1200 SW 125 AVE., L-210 PEMBROKE PINES, FL 33027 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SHANKEN, ROSALYN 110 S.W. 125 AVE M-306 PEMBROKE PINES, FL 33027 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SHANKEN, ROZ 1110 SW 125TH AVE., M-306 PEMBROKE PINES, FL 33027 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PURETZ, JOEL 1200 SW 124TH TERRANCE O-312 PEMBROKE PINES, FL 33027 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SCHWARTZ, STANLEY 1300 S.W. 124 TE P-111 PEMBROKE PINES, FL 33027 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PURETZ, SYLVIA 1200 SW 124TH TERR-0-312 PEMBROKE PINES, FL 33027 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>DS SHANKEN, ROSALYN 110 S.W. 125 AVE M-306 PEMBROKE PINES, FL 33027</del> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SHANKEN, ROZ 1110 SW 125th AVE, M-306 PEMBROKE PINES, FL 33027 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Sunny Friedman 1251 SW 125th Ave, T-202 PEMBROKE PINES, FL 33027 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHWARTZ, STANLEY 1300 SW 124th TE P-111 PEMBROKE PINES, FL 33027 <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: *Stanley Schwartz* DATE: **1/24/05** DAYTIME PHONE: **954-436-5888**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR