

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

07 JAN 30 PM 2:59

CLERK OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-07



05/04/06 90240 040 \$61.25
01262007 REIN-NP CR2E099 (1/07)

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		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0047363	
				Applied For Not Applicable	
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, G.M. 1-26-07	
		Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating) DATE	
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, PAT		NAME	JOHN CORONA	
STREET ADDRESS	1000 SW 125 AV N-410		STREET ADDRESS	1000 SW 125 AVE N-314	
CITY-ST-ZIP	PEMBROKE PINES, FL 33027		CITY-ST-ZIP	PEMBROKE PINES, FL 33027	
TITLE	DVP	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLOMON, ROY		NAME	ALFRIEDMAN	
STREET ADDRESS	1200 SW 125 AVE., L-210		STREET ADDRESS	1200 SW 125 AVE L-108	
CITY-ST-ZIP	PEMBROKE PINES, FL 33027		CITY-ST-ZIP	PEMBROKE PINES, FL 33027	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PURETZJ, SYLVIA		NAME		
STREET ADDRESS	1200 SW 124TH TERR O-312		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33027		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHANKEN, ROZ		NAME		
STREET ADDRESS	1110 SW 125TH AVE., M-306		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33027		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDMAN, SUNNY		NAME		
STREET ADDRESS	1251 SW 125TH AVE T-202		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33027		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, STANLEY		NAME		
STREET ADDRESS	1300 S.W. 124 TE P-111		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33027		CITY-ST-ZIP		
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:				1/26/07 954-438-4860	
		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

20.1/30