## `~ 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N25463  1. Entity Name CAMBRIDGE AT CENTURY VILLAGE CONDOMINIUM #11 ASSOCIATION, INC.					FILED					
						7 APR 25				
13460 SW 10 STREET 13 SUITE 101 SU		Mailing Address 13460 SW 10 STREET SUITE 101			S	EURE : : ILLAHASS	EE, FLORI	DA E		
PEMBROKE F	PINES, FL 33027 US	PEMBROKE PINES, FL 33	3027 US		1 <b>15 6</b> 11 <b>18</b> 1 <b>11</b> 1		IR 1881 BURN GURN BAN	TIL BLAN ALBIN ALBI	HAL ET HAAF	
2. Principal Place of Business - No P.O. Box # 3.		, Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03292007	Chg-NP	CR2E0	37 (12/06)		
City & State		City & State		-	4. FEI Numbe 65-004				plied For t Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desire	d 🗆	\$8.75 Add Fee Required		
·=	6. Name and Address of Current Reg	istered Agent			7. Name and	Address of Ne	w Registered	Agent		
DAVIS CH	IARI ES W		Name							
DAVIS, CHARLES W 13460 SW 10 ST. SUITE 101			Street Ad	Street Address (P.O. Box Number is Not Acceptable)						
PEMBRO	(E PINES, FL 33027									
			City				FL	Zip Code	€	
	named entity submits this statement for the ions of registered agent.	purpose of changing its re	gistered office or	registere	ed agent, or bot	h, in the State o	f Florida. I am	familiar with,	and accept	
SIGNATURE .	Charles W Dr	mis Re	4 Agt						<del> </del>	
	Signature, typed or printed name of registered agent and ti	tle if applicable. (NOTE: R	legistered Agen signatui	beriuper en	when reinstating)		DATE			
	Amended AR is \$61.25	9. Election Camp Trust Fund Cor	aign Financing		\$5.00 May B Added to Fees	e I		k payable to		
10.		9. Election Camp Trust Fund Cor	aign Financing		\$5.00 May B Added to Fees	e I	Make chec lorida Depar	tment of St	tate	
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12. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND PRES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/07

954-438-4860