

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-14-2005 90099 044 \*\*\*\*61.25

<b>DOCUMENT # N32116</b> 1. Entity Name <b>CAMBRIDGE AT CENTURY VILLAGE CONDOMINIUM #III ASSOCIATION, INC.</b>																																																																																																																													
Principal Place of Business <b>13460 SW 10 STREET SUITE 101 PEMBROKE PINES, FL 33027 US</b>			Mailing Address <b>13460 SW 10 STREET SUITE 101 PEMBROKE PINES, FL 33027 US</b>																																																																																																																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																										
City & State			City & State																																																																																																																										
Zip		Country		Zip																																																																																																																									
Country		Country		4. FEI Number <b>65-0129179</b>																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																																																																																																																									
6. Name and Address of Current Registered Agent <b>DAVIS, CHARLES W 13460 SW 10 ST STE 101 HOLLYWOOD, FL 33027</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																																																									
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 <u>Charles W Davis</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>2/28/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																									
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																																																																																																									
<b>Make check payable to Florida Department of State</b>																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">DP</td> <td style="width: 15%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>MURRAY, TANENBAUM</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1400 SW 124 TE Q-215</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PEMBROKE PINES, FL 33027</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DVT</td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>MILLER, LEROY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1351 SW 125 AV S-102</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PEMBROKE PINES, FL 33027</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>PEAR, LOUIS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1300 SW 125 AV K-410</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PEMBROKE PINES, FL 33027</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DS</td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>CHASEN, MAE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>12601 SW 13ST G-401</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PEMBROKE PINES, FL 33027</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>STONE, BEN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>12501 SW 14 STREET APT R-403</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PEMBROKE PINES, FL 33027</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 45%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">VD</td> <td style="width: 15%;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>Pear, Louis</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1300 SW 125 Ave. K-410</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Pembroke Pines, FL 33027</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	DP	Delete <input type="checkbox"/>	NAME	MURRAY, TANENBAUM		STREET ADDRESS	1400 SW 124 TE Q-215		CITY-ST-ZIP	PEMBROKE PINES, FL 33027		TITLE	DVT	Delete <input type="checkbox"/>	NAME	MILLER, LEROY		STREET ADDRESS	1351 SW 125 AV S-102		CITY-ST-ZIP	PEMBROKE PINES, FL 33027		TITLE	D	Delete <input type="checkbox"/>	NAME	PEAR, LOUIS		STREET ADDRESS	1300 SW 125 AV K-410		CITY-ST-ZIP	PEMBROKE PINES, FL 33027		TITLE	DS	Delete <input type="checkbox"/>	NAME	CHASEN, MAE		STREET ADDRESS	12601 SW 13ST G-401		CITY-ST-ZIP	PEMBROKE PINES, FL 33027		TITLE	D	Delete <input type="checkbox"/>	NAME	STONE, BEN		STREET ADDRESS	12501 SW 14 STREET APT R-403		CITY-ST-ZIP	PEMBROKE PINES, FL 33027		TITLE		Delete <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	VD	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME	Pear, Louis		STREET ADDRESS	1300 SW 125 Ave. K-410		CITY-ST-ZIP	Pembroke Pines, FL 33027		TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	DP	Delete <input type="checkbox"/>																																																																																																																											
NAME	MURRAY, TANENBAUM																																																																																																																												
STREET ADDRESS	1400 SW 124 TE Q-215																																																																																																																												
CITY-ST-ZIP	PEMBROKE PINES, FL 33027																																																																																																																												
TITLE	DVT	Delete <input type="checkbox"/>																																																																																																																											
NAME	MILLER, LEROY																																																																																																																												
STREET ADDRESS	1351 SW 125 AV S-102																																																																																																																												
CITY-ST-ZIP	PEMBROKE PINES, FL 33027																																																																																																																												
TITLE	D	Delete <input type="checkbox"/>																																																																																																																											
NAME	PEAR, LOUIS																																																																																																																												
STREET ADDRESS	1300 SW 125 AV K-410																																																																																																																												
CITY-ST-ZIP	PEMBROKE PINES, FL 33027																																																																																																																												
TITLE	DS	Delete <input type="checkbox"/>																																																																																																																											
NAME	CHASEN, MAE																																																																																																																												
STREET ADDRESS	12601 SW 13ST G-401																																																																																																																												
CITY-ST-ZIP	PEMBROKE PINES, FL 33027																																																																																																																												
TITLE	D	Delete <input type="checkbox"/>																																																																																																																											
NAME	STONE, BEN																																																																																																																												
STREET ADDRESS	12501 SW 14 STREET APT R-403																																																																																																																												
CITY-ST-ZIP	PEMBROKE PINES, FL 33027																																																																																																																												
TITLE		Delete <input type="checkbox"/>																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
TITLE	VD	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>																																																																																																																											
NAME	Pear, Louis																																																																																																																												
STREET ADDRESS	1300 SW 125 Ave. K-410																																																																																																																												
CITY-ST-ZIP	Pembroke Pines, FL 33027																																																																																																																												
TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
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: <u>Ben Stone</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <u>2/18/05</u> DAYTIME PHONE <u>954-436-5888</u>																																																																																																																									

50025457



01102005 Chg-NP CR2E037 (10/03)