

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90240 041 ****61.25

DOCUMENT # N32116

1. Entity Name

**CAMBRIDGE AT CENTURY VILLAGE CONDOMINIUM #III
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

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

65-0129179

Applied For

Not Applicable

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
STE 101
HOLLYWOOD 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 Charles W. Davis, General Manager 2-2-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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 | VD | <input checked="" type="checkbox"/> Delete |
| NAME | PEAR, LOUIS | |
| STREET ADDRESS | 1300 SW 125 AVE K-410 | |
| CITY-ST-ZIP | PEMBROKE PINES FL 33027 | |
| TITLE | DVT | <input type="checkbox"/> Delete |
| NAME | MILLER, LEROY | |
| STREET ADDRESS | 1351 SW 125 AV S-102 | |
| CITY-ST-ZIP | PEMBROKE PINES FL 33027 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | PEAR, LOUIS | |
| STREET ADDRESS | 1300 SW 125 AV K-410 | |
| CITY-ST-ZIP | PEMBROKE PINES FL 33027 | |
| TITLE | DS | <input type="checkbox"/> Delete |
| NAME | CHASEN, MAE | |
| STREET ADDRESS | 12601 SW 13ST G-401 | |
| CITY-ST-ZIP | PEMBROKE PINES FL 33027 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | STONE, BEN | |
| STREET ADDRESS | 12501 SW 14 STREET APT R-403 | |
| CITY-ST-ZIP | PEMBROKE PINES FL 33027 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------------|---|
| TITLE | P | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Murray Tanenbaum | |
| STREET ADDRESS | 1400 SW 124 Terr. Q215 | |
| CITY-ST-ZIP | Pembroke Pines, FL 33027 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #