

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90150 020 ****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

40066207



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

03292007 Chg-NP CR2E037 (12/06)

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 Reg. Agt

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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 P ☐ Delete
NAME TANENBAUM, MURRAY
STREET ADDRESS 1400 SOUTHWEST 124 TERRACE SUITE Q215
CITY-ST-ZIP PEMBROKE PINES, FL 33027

TITLE DVT ☐ Delete
NAME MILLER, LEROY
STREET ADDRESS 1351 SW 125 AV S-102
CITY-ST-ZIP PEMBROKE PINES, FL 33027

TITLE D ☐ Delete
NAME PEAR, LOUIS
STREET ADDRESS 1300 SW 125 AV K-410
CITY-ST-ZIP PEMBROKE PINES, FL 33027

TITLE DS ☐ Delete
NAME CHASEN, MAE
STREET ADDRESS 12601 SW 13ST G-401
CITY-ST-ZIP PEMBROKE PINES, FL 33027

TITLE D ☐ Delete
NAME STONE, BEN
STREET ADDRESS 12501 SW 14 STREET APT R-403
CITY-ST-ZIP PEMBROKE PINES, FL 33027

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE 1st VP/Trea. ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE 2nd VP ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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:

Keith Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #