

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90008 012 \*\*\*\*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 - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		10152007 Chg-NP CR2E037 (12/06)	
City & State  Zip Country		City & State  Zip Country		4. FEI Number <b>65-0129179</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				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 <b>CHARLIE OTTO, ESQ.</b> Street Address (P.O. Box Number is Not Acceptable) <b>STRALEY + OTTO, P.A. 2699 Stirling Road, Suite C-227</b> City <b>Ft. Lauderdale</b> FL Zip Code <b>33312</b>				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 OTTO, ESQ. for STRALEY + OTTO, P.A.</u> DATE <u>1-11-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
<b>Amended AR is \$61.25</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>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>TANENBAUM, MURRAY</b> <b>1400 SOUTHWEST 124 TERRACE SUITE Q215</b> <b>PEMBROKE PINES, FL 33027</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPT <b>MILLER, LEROY</b> <b>1351 SW 125 AV S-102</b> <b>PEMBROKE PINES, FL 33027</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP <b>PEAR, LOUIS</b> <b>1300 SW 125 AV K-410</b> <b>PEMBROKE PINES, FL 33027</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <b>CHASEN, MAE</b> <b>12601 SW 13ST G-401</b> <b>PEMBROKE PINES, FL 33027</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>STONE, BEN</b> <b>12501 SW 14 STREET APT R-403</b> <b>PEMBROKE PINES, FL 33027</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
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.					
<b>SIGNATURE:</b> <u>Louis PEAR</u> <span style="float: right;">1/16/08</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					