

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 7: 09

DOCUMENT # N37396 (1)

1. Corporation Name
CAMBRIDGE AT CENTURY VILLAGE CONDOMINIUM #IV ASSOCIATION, INC.

Principal Place of Business	Mailing Address
13660 SW 10TH STREET 10400 SW 10TH STREET PEMBROKE PINES FL 33027	13650 SW 10TH STREET 13460 SW 10TH STREET PEMBROKE PINES FL 33027

SUITE 300

2. Principal Place of Business 21 8710 MIRAMAR PKWY Suite, Apt. #, etc. MIRAMAR City & State 23 FLA Zip 24 33025	26. Mailing Address 26 8710 MIRAMAR PKWY Suite, Apt. #, etc. SUITE # 300 City & State 28 MIRAMAR, FLA Zip 29 33025
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/02/1990	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0236163	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

~~CAPTENA, RONAND~~
~~ARISTA MGMT GROUP, INC~~
~~3600 S CONGRESS AVE~~
~~BOYNTON BEACH FL 33426~~

10. Name and Address of New Registered Agent

81 Name TROPICAL PROPERTY MANAGEMENT
82 Street 8910 MIRAMAR PARKWAY SUITE 300
83 MIRAMAR, FL 33025
84 City FL
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, and I, the undersigned, being a director or officer of the corporation, familiar with, and accepting the appointment as registered agent, I am

TROPICAL PROPERTY MANAGEMENT
8910 MIRAMAR PARKWAY SUITE 300
MIRAMAR, FL 33025

SIGNATURE *JF Taggart* 3/23/95

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	FELDMAN, GERALD
STREET ADDRESS	1151 S W 128 TERRACE #4054
CITY ST ZIP	PEMBROKE PINES FL
TITLE	D
NAME	ADELMAN, NATHANIEL
STREET ADDRESS	1201 SW 128TH TERR
CITY ST ZIP	PEMBROKE PINES FL
TITLE	DS
NAME	CHUKONIS, BOB
STREET ADDRESS	1401 S W 128TH TERRACE
CITY ST ZIP	PEMBROKE PINES FL
TITLE	VP
NAME	MILLMAN, DORIS
STREET ADDRESS	12701 S. W. 14TH STREET
CITY ST ZIP	PEMBROKE PINES FL
TITLE	D
NAME	WOLF, BARBARA
STREET ADDRESS	12201 S W 13TH ST
CITY ST ZIP	PEMBROKE PINES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual 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 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *[Signature]* 3/9/95 (21) 435-4102

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR