

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 08 1996 8:00 am
Secretary of State

DOCUMENT # N37396 (1)

CAMBRIDGE AT CENTURY VILLAGE CONDOMINIUM #IV ASSOCIATION, INC.



Principal Place of Business: **8910 MIRAMAR PKWY SUITE 300 MIRAMAR FL 33025 US**
Mailing Address: **8910 MIRAMAR PKWY SUITE 300 MIRAMAR FL 33025 US**

3. Date Incorporated or Qualified: **04/02/1990**
3a. Date of Last Report: **03/29/1995**
4. FEI Number: **65-0236163**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc: **22**
City & State: **23**
Zip: **24** Country: **25**
City & State: **27**
Zip: **28** Country: **29**

9. Name and Address of Current Registered Agent
TROPICAL PROPERTY MANAGEMENT
8910 MIRAMAR PARKWAY
SUITE 300
MIRAMAR FL 33025

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when on filing) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	FELDMAN, GERALD
STREET ADDRESS	1151 S W 128 TERRACE #4054
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	ADELMAN, NATHANIEL
STREET ADDRESS	1201 SW 128TH TERR
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	DS <input type="checkbox"/> DELETE
NAME	CHUKONIS, BOB
STREET ADDRESS	1401 S W 128TH TERRACE
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	MILLMAN, DORIS
STREET ADDRESS	12701 S. W. 14TH STREET
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	WOLF, BARBARA
STREET ADDRESS	12201 S W 13TH ST
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	VP D YAMBRA, ZEKE
23 STREET ADDRESS	1201 SW 128 Terr
24 CITY-ST-ZIP	Pembroke Pines, FL
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	TD Abrams, Ann
43 STREET ADDRESS	12701 SW 14 St.
44 CITY-ST-ZIP	Pembroke Pines FL
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	VP Hecht, Gerson
53 STREET ADDRESS	12701 SW 13 St
54 CITY-ST-ZIP	Pembroke Pines, FL
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	# 1280 by Bank
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 119.07(3)(k), Florida Statutes. I further certify that the information indicated 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **pres** **3/18/96** (954) 435-4102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Day, Month, Year)

CR2E037 (12/95)

4-8-96