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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Mar 20 1997 8:00am

Secretary of State

Daytime Phone # 0023882

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

Principal Plane of Business

SIGNATURE:

N37396

(1)

Mailing Address

CAMBRIDGE AT CENTURY VILLAGE CONDOMINIUM #IV ASS OCIATION, INC.

| Time-part took | CA CARO I LINE | | | | |
|---|---------------------------------------|--------------------------------|------------------------------|---|------------------------------------|
| 8010 MIRAMAR PKWY -8010 MIRAMAR PKWY | | | | | |
| SUITE 300 | ••• | SUTIE 200 | | | |
| MRAMAR FL 33 | 025 | MIRAMAR FL 33025 4100 | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| -00 | | · 00 | | 04/02/1990 | 04/08/1996 |
| 2. Print pal Pla | ace of Business | 2a. Mailing Address | 2 116 | 4. FEI Number | Applied For |
| 21 PW | me II kmur | 26 Punell | ignov | 65-0236163 (o5-0 |)246853 Applied For Not Applicable |
| Suite, Apt. (| 1. 20° Meg | Suite, Apt. #, etc. r . | 20.1 | 5. Certificate of Status Desired | \$8.75 Additional |
| 22 47 2 | 8 PINUS BUR | 27 9728 DVILLO | Jawa | | Fee Required |
| 23 Chy & State | Keeny exact | 28 Pinbriske | Peres, H | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Z(p) | Country | 32027 | BEW | 8. This corporation has liability for | intangible tax under s 199 032, |
| 24 29 | 9. Name and Address of Current | Penistered Agent | | Florida Statutes 10. Name and Address of New R | |
| 81 Name (1) | | | | | |
| TROPICAL PROPERTY MANAGEMENT | | | | stand schools | <i></i> |
| TROPICAL PROPERTY MANAGEMENT 8910 MIRAMAR PARKWAY | | | | Idress (P.O. Box Number is Not Accepta | Court Street |
| SUITE 900- | | | | MAC DIAL SEL. W | |
| MIDAMAD SI 99025 | | | | 190 bring 19mm | Lord Zin Codo al |
| IIIII WARII U | ***E-000E0 | | [84] City / | Imbioke Pinus | FL 85 35027 |
| 11. Pursuant I | o the provisions of Sections 617,0502 | and 617.1508, Florida Statutes | the above-named co | prporation 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 PROPERTY MAN | | | | | 2471 |
| Superior (Fee) Nated name of registered agent and tille II Upplicable. (NOTE Registered Agent a gnature required when | | | | | DATE |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFI | |
| TITLE | P | ☑ DELETE | 1.1 TITLE | DOPFNER HY | Change Addition |
| NAME | FELDMAN, GERALD | ٠ | 1.2 NAME | LIET SILL IST TON | |
| STREET ADDRESS | TIBLE WILL TEHRADE PIO | M | 1.3 STREET ADDRESS | 1157 Sw 125 Test pankroke PINCS | |
| CHY-ST-ZIP | PEMBROKE PINEO FT | DELETE | 1.4 CITY - ST - ZIP | P& 12.1 - 11.1-4 | Change Addition |
| TITLE | VPD | □ ptreit | 2.1 TITLE | | C Change |
| NAME . | YAMBRA, ZEKE | | 2.2 NAME | | |
| STREET ADORESS | 1201 SW 128TH TERR | | 2.3 STREET ADDRESS | | |
| CITY ST ZIP | PEMBROKE PINES FL | DELETE | 2. 4 CHY-ST-ZIP 3.1 TITLE | | Change Addition |
| TITLE | DS Chukonis, Bob | - octric | 3.2 NAME | | |
| NAME | 1401 S W 128TH TERRACE | | 3 3 STREET ADDRESS | | |
| STREET ADDRESS | PEMBRÖKE PINES FL. | | 34. CITY-ST-ZIP | | |
| CITY ST-ZIP T-TLF | TD | DELETE | 41 TITLE | | Change Addition |
| NAME | ABRAMS, ANN | | 4 2 NAME | | |
| STREET AODRESS | 12701 S. W. 14TH STREET | | 4.3 STREET ADDRESS | | |
| City-\$1-719 | PEMBROKE PINES FL | | 44 CITY-ST-ZIP | | |
| THUE | VPD | DELETE | 5.1 TITLE | | Change Addition |
| NAME | HECHT, GERSON | | 5.2 NAME | | |
| STREET ADDRESS | 12701 SW 13 ST | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PEMBROKE PINES FL | | 5.4 CITY-ST-ZIP | | |
| TOLE | | DELETE | 6.1 TITLE | | Change Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 er on an attachment with an address.