


FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90051 004 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N37396

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

Principal Place of Business PRIME MGMT 9728 PINES BLVD PEMBROKE PINES FL 33027 US	Mailing Address PRIME MGMT 9728 PINES BLVD PEMBROKE PINES FL 33027 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/02/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0236163
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	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

9. Name and Address of Current Registered Agent SCHNITZER, STEVE PRIME MGMT GROUP 9728 PINES BLVD PEMBROKE PINES FL 33027	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
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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: *[Signature]* DATE: 1-6-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SECRETARY	<input type="checkbox"/> DELETE	1.1 TITLE SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME OFFNER, HY		1.2 NAME	
STREET ADDRESS 1151 SW 128 TERR		1.3 STREET ADDRESS	
CITY-ST-ZIP PEMBROKE PINES FL		1.4 CITY-ST-ZIP	
TITLE 2nd V-President	<input type="checkbox"/> DELETE	2.1 TITLE 2nd VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ABRAMS, BOB ROBERT		2.2 NAME ROBERT ABRAMS	
STREET ADDRESS 1201 SW 128TH TERR		2.3 STREET ADDRESS	
CITY-ST-ZIP PEMBROKE PINES FL 33027		2.4 CITY-ST-ZIP	
TITLE 1st V-President	<input type="checkbox"/> DELETE	3.1 TITLE 1st VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHUKONIS, BOB ROBERT		3.2 NAME Robert chukonis	
STREET ADDRESS 1401 S W 128TH TERRACE		3.3 STREET ADDRESS	
CITY-ST-ZIP PEMBROKE PINES FL		3.4 CITY-ST-ZIP	
TITLE TREASURER	<input type="checkbox"/> DELETE	4.1 TITLE TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FRANCES SKUPSKY		4.2 NAME	
STREET ADDRESS 12701 S. W. 14TH STREET		4.3 STREET ADDRESS	
CITY-ST-ZIP PEMBROKE PINES FL		4.4 CITY-ST-ZIP Pembroke Pines, FL 33024	
TITLE PRESIDENT	<input type="checkbox"/> DELETE	5.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *Gerson Hecht* 1/6/99 433-0264

CR2E037 (11/98)