

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90130 021 ****61.25

DOCUMENT # N37396

1. Entity Name

GAMBRIDGE AT CENTURY VILLAGE CONDOMINIUM #IV ASS

Principal Place of Business

Mailing Address

**PRIME MGMT
 6728 PINES BLVD
 PEMBROKE PINES FL 33027
 US**

**PRIME MGMT
 6728 PINES BLVD
 PEMBROKE PINES FL 33024 6328
 US**

906830



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

15951 SW 41 Street

3. Mailing Address

15951 SW 41 Street

Suite, Apt. #, etc.

Suite 150

Suite, Apt. #, etc.

Suite 150

City & State

DAVIE, FL

City & State

DAVIE, FL

4. FEI Number

65-0236163

Applied For

Not Applicable

Zip

Country

33331

Zip

Country

33331

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHNITZER, STEVE
 PRIME MGMT GROUP
 6728 PINES BLVD
 PEMBROKE PINES FL 33027**

Name

Street Address (P.O. Box Number is Not Acceptable)

**15951 SW 41 Street Suite 150
 DAVIE, FL Zip Code 33331**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	OFFNER, HY	
STREET ADDRESS	1151 SW 128 TERR	
CITY-ST-ZIP	PEMBROKE PINES FL, 33027	
TITLE	2VPD	<input checked="" type="checkbox"/> Delete
NAME	ABRAMS, ROBERT	
STREET ADDRESS	1201 SW 128TH TERR	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SKUPSKY, FRANCES	
STREET ADDRESS	12701 SW 14TH ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33024 33027	
TITLE	IVPD	<input type="checkbox"/> Delete
NAME	CHUKONIS, ROBERT	
STREET ADDRESS	1401 SW 128TH TERRACE	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HECHT, GERSON	
STREET ADDRESS	12701 SW 13 ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP	33027		
TITLE	2VP/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MITCHELL Esburg		
STREET ADDRESS	1201 SW 128th TERR E #104		
CITY-ST-ZIP	PEMBROKE PINES, FL 33027		
TITLE		<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP	33027		
TITLE		<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP	33027		
TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. 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 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.

SIGNATURE:

GERSON HECHT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 14/2000

Date

(954) 433-0264

Daytime Phone #