

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90081 033 ****61.25

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DOCUMENT # N37396
 1. Entity Name
CAMBRIDGE AT CENTURY VILLAGE CONDOMINIUM #IV ASS

Principal Place of Business 15951 SW 41 STREET SUITE 150 DAVIE FL 33331 US	Mailing Address 15951 SW 41 STREET SUITE 150 DAVIE FL 33331 US
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6 2 2 5 1 8



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

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. Name and Address of Current Registered Agent

SCHNITZER, STEVE
 15951 SW 41 STREET
 SUITE 150
 DAVIE FL 33331

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5:00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME SD OFFNER, HY STREET ADDRESS 1151 SW 128 TERR CITY-ST-ZIP PEMBROKE PINES FL 33027	<input checked="" type="checkbox"/> Delete
TITLE NAME 2VPD ESBURG, MITCHELL STREET ADDRESS 1201 SW 128TH TERR E 104 CITY-ST-ZIP PEMBROKE PINES FL 33027	<input type="checkbox"/> Delete
TITLE NAME TD SKUPSKY, FRANCES STREET ADDRESS 12701 SW 14TH ST CITY-ST-ZIP PEMBROKE PINES FL 33027	<input type="checkbox"/> Delete
TITLE NAME 1VPD CHUKONIS, ROBERT STREET ADDRESS 1401 SW 128TH TERRACE CITY-ST-ZIP PEMBROKE PINES FL 33027	<input type="checkbox"/> Delete
TITLE NAME PD HECHT, GERSON STREET ADDRESS 12701 SW 13 ST CITY-ST-ZIP PEMBROKE PINES FL 33027	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME SECRETARY DALE HERSH STREET ADDRESS 1151 SW 128 TERR CITY-ST-ZIP PEMBROKE PINES, FL 33027	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Frances Skupsky* **SIGNATURE REQUIRED** **2-7-01** **441-3538**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)