2002 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 25, 2002 8:00 am Secretary of State **DOCUMENT # N37396** 1. Entity Name CAMBRIDGE AT CENTURY VILLAGE CONDOMINIUM #IV ASS 03-25-2002 90115 040 ****61.25 OCIATION, INC. Principal Place of Business Mailing Address 15951 SW 41 STREET 15951 SW 41 STREET SUITE 150 SUITE 150 DAVIE FL 33331 DAVIE FL 33331 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0236163 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHNITZER, STEVE Street Address (P.O. Box Number is Not Acceptable) 15951 SW 41 STREET SUITE 150 City DAVIE FL 33331 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 2VPD TITLE TITLE ☐ Delete ☐ Addition NAME ESBURG, MITCHELL NAME STREET ADDRESS 1201 SW 128TH TERR E 104 STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33027 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition SKUPSKY, FRANCES NAME NAME STREET ADDRESS 12701 SW 14TH ST STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33027 CITY-ST-ZIP 1VPD TITLE ☐ Delete TITLE ☐ Change ☐ Addition CHUKONIS, ROBERT NAME NAME STREET ADDRESS 1401 SW 128TH TERRACE STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33027 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HECHT, GERSON NAME STREET ADDRESS 12701 SW 13 ST STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33027 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition HERSH, DALE NAME NAME STREET ADDRESS 1151 SW 128 TERR STREET ADDRESS CITY-ST-7IP PEMBROKE PINES FL 33027 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

changed, or on an attachment SIGNATURE:

as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

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 in the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and the receiver of the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes.