


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90032 007 \*\*\*\*61.25

<b>DOCUMENT # N37396</b>					
1. Entity Name <b>CAMBRIDGE AT CENTURY VILLAGE CONDOMINIUM #IV ASSOCIATION, INC.</b>					
Principal Place of Business <b>15951 SW 41 STREET SUITE 150 DAVIE FL 33331 US</b>		Mailing Address <b>15951 SW 41 STREET SUITE 150 DAVIE FL 33331 US</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0236163</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SCHNITZER, STEVE 15951 SW 41 STREET SUITE 150 DAVIE FL 33331</b>			7. Name and Address of New Registered Agent		
			Name _____		
			Street Address (P.O. Box Number is Not Acceptable) _____		
			City _____ <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	2VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SKUPSKY, FRANCES		NAME		
STREET ADDRESS	12701 SW 14TH ST		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33027		CITY-ST-ZIP		
TITLE	1VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHUKONIS, ROBERT		NAME		
STREET ADDRESS	1401 SW 128TH TERRACE		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33027		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HECHT, GERSON		NAME		
STREET ADDRESS	12701 SW 13 ST		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33027		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HERSH, DALE		NAME	<b>SEC</b>	
STREET ADDRESS	1151 SW 128 TERR		STREET ADDRESS	<b>HARRIET BRETAN</b>	
CITY-ST-ZIP	PEMBROKE PINES FL 33027		CITY-ST-ZIP	<b>1151 SW 128 TERR # D214</b>	
				<b>Pembroke Pines FL 33027</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>X Gerson Hecht</i>		Date: <i>2/5/04</i>		Daytime Phone #: <i>954 384 2410</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					