

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90040 018 \*\*\*\*61.25



**DOCUMENT # N37396**  
1. Entity Name  
**CAMBRIDGE AT CENTURY VILLAGE CONDOMINIUM #IV  
ASSOCIATION, 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      US

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**65-0236163**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required



1st MOORE      CR2E037 (10/04)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By: May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.      \$5.00 May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD ESBURG, MITCHELL 1201 SW 128TH TERR E 104 PEMBROKE PINES FL 33027 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SKUPSKY, FRANCES 12701 SW 14TH ST PEMBROKE PINES FL 33027 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD CHUKONIS, ROBERT 1401 SW 128TH TERRACE PEMBROKE PINES FL 33027 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HECHT, GERSON 12701 SW 13 ST PEMBROKE PINES FL 33027 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRETAN, HARRIET 1151 SW 128 TERR #D214 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 STREET ADDRESS CITY-ST-ZIP	D JACK SOLOMON 1201 SW 128 TERR # E101 P. 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

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

2/2/05      954 384 2410  
Date      Daytime Phone #