

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90030 029 ****61.25

DOCUMENT # N37396

1. Entity Name
CAMBRIDGE AT CENTURY VILLAGE CONDOMINIUM #IV ASSOCIATION, INC.



Principal Place of Business
13460 SW 10TH STREET SUITE 101 PEMBROKE PINES, FL 33027 US

Mailing Address
13460 SW 10TH STREET SUITE 101 PEMBROKE PINES, FL 33027 US



2. Principal Place of Business - No P.O. Box #
Progressive Community Mgmt. Inc. 549 Sawgrass Corp Pkwy Sunrise FL 33325

3. Mailing Address
Progressive Community Mgmt. Inc. 549 Sawgrass Corp Pkwy Sunrise FL 33325

01132008 Chg-NP CR2E037 (12/06)

Zip Country

4. FEI Number
65-0236163

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DAVIS, CHARLES W
13460 SW 10 ST STE 101 HOLLYWOOD, FL 33027

7. Name and Address of New Registered Agent

Name
Progressive Community Mgmt. Inc.

Street Address
549 Sawgrass Corp Pkwy

City
Sunrise FL 33325

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 Bill Sutton - President *[Signature]* 2/1/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	<input type="checkbox"/> Delete NAME: SOLOMON, JACK STREET ADDRESS: 1201 SW 128 TERR #E101 CITY-ST-ZIP: PEMBROKE PINES, FL 33027	TITLE TREAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: SOLOMON, JACK STREET ADDRESS: CITY-ST-ZIP:
TITLE T	<input type="checkbox"/> Delete NAME: SKUPSKY, FRANCES STREET ADDRESS: 12701 SW 14TH ST CITY-ST-ZIP: PEMBROKE PINES, FL 33027	TITLE PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: SKUPSKY, FRANCES STREET ADDRESS: CITY-ST-ZIP: <i>Frances Skupsky</i>
TITLE D	<input checked="" type="checkbox"/> Delete NAME: SANCHEZ, SARA STREET ADDRESS: 1401 SW 128 TERR H-308 CITY-ST-ZIP: PEMBROKE PINES, FL 33027	TITLE NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: CITY-ST-ZIP:
TITLE VP	<input type="checkbox"/> Delete NAME: WOLF, GISELA STREET ADDRESS: 12701 SW 13ST F-214 CITY-ST-ZIP: PEMBROKE PINES, FL 33027	TITLE NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: CITY-ST-ZIP:
TITLE S	<input type="checkbox"/> Delete NAME: BRETAN, HARRIET STREET ADDRESS: 1151 SW 128 TERR #D214 CITY-ST-ZIP: PEMBROKE PINES, FL 33027	TITLE NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: CITY-ST-ZIP:
TITLE NAME:	<input type="checkbox"/> Delete STREET ADDRESS: CITY-ST-ZIP:	TITLE NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Pres *[Signature]* 1/29/08 954-332-6864
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #