

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N37396

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

**FILED**  
**Jan 25, 2022**  
**Secretary of State**  
**0566527688CC**

**Current Principal Place of Business:**

LANDMARK MANAGEMENT SERVICES AT THE VILLAGES, LLC.  
1941 NW 150TH AVE  
PEMBROKE PINES, FL 33028

**Current Mailing Address:**

LANDMARK MANAGEMENT SERVICES AT THE VILLAGES, LLC.  
1941 NW 150TH AVE  
PEMBROKE PINES, FL 33028 US

**FEI Number: 65-0236163**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

STRALEY & OTTO, P.A.  
2699 STIRLING RD. #C-207  
HOLLYWOOD, FL 33312 US

*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: CHARLES OTTO**

**01/25/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name FRANCO, SANDY  
Address LANDMARK MANAGEMENT SERVICES  
AT THE VILLAGES, LLC.  
1941 NW 150TH AVE  
City-State-Zip: PEMBROKE PINES FL 33028

Title TREASURER  
Name SKUPSKY, FRANCES  
Address LANDMARK MANAGEMENT SERVICES  
AT THE VILLAGES, LLC.  
1941 NW 150TH AVE  
City-State-Zip: PEMBROKE PINES FL 33028

Title D  
Name ESTEPA, ALEJANDRO  
Address LANDMARK MANAGEMENT SERVICES  
AT THE VILLAGES, LLC.  
1941 NW 150TH AVE  
City-State-Zip: PEMBROKE PINES FL 33028

Title VP  
Name PICCIRILLO, ANGELINA  
Address LANDMARK MANAGEMENT SERVICES  
AT THE VILLAGES, LLC.  
1941 NW 150TH AVE  
City-State-Zip: PEMBROKE PINES FL 33028

Title PRESIDENT  
Name COHEN, PAULA B.  
Address LANDMARK MANAGEMENT SERVICES  
AT THE VILLAGES, LLC.  
1941 NW 150TH AVE  
City-State-Zip: PEMBROKE PINES FL 33028

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: COHEN , PAULA B.**

**PRESIDENT**

**01/25/2022**

Electronic Signature of Signing Officer/Director Detail

Date