NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 04 APR 27 AM 11:31 FLLESMERE 1 SLUM : MARI UP STATE TALLAHASSEE. FLORIDA DO NOT WRITE IN THIS SPACE 66413058 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired 7. Name and Address of Current Registered Agent CONDOMINIUM OWNERS ORGANIZATION DO NOT WRITE Street OF CENTURY VILLAGE E., INC. EL COOCYE IN THIS SPACE 3581 West Drive Deerfield Bch., FL 33442-2085 City 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 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 Payable to FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Initial or Amended USR 10. OFFICERS AND DIRECTORS TITLE CR2E037B (12/02 TITLE 800034619048 ELLESMERE A 3009 NAME NAME 04/29/04--01020--001 **15006.25 STREET ADDRESS STREET ADDRESS EFIELD Beh FL 33442 CITY-ST-ZIP CITY-ST-ZIP ANDY HYDE TITLE TITLE ELLESMERE A 4004 NAME NAME STREET ADDRESS STREET ADDRESS DEERFIELD BCh FL33442 CITY-ST-ZIP CITY-ST-ZIP TITLE GARY ALBRANDT TITLE FLLESMERE A 3002 NAME NAME STREET ADDRESS STREET ADDRESS DEERFIELD Boh FL32442 DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP SHIRLBY SILUER LESMERE A 3015 SHIRCEY TITLE TITLE IN THIS SPACE NAME NAMP DEERFIELD BCh FL 33442 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CASHO TITLE ELLESMERE A 1014 NAME NAME STREET ADDRESS STREET ADDRESS DEERFIELD BCh FL 33X42 CITY-ST-ZIP CITY-ST-ZIP VILMA KAPLAN TITLE TITLE NAME ELLESMERE A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE: LICENSON LIZERS HERPHONN GITHIN MARSH 31, 2004 954-428-1488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone #

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 on an attachment with an address, with all other like empowered.