## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 12, 2005 8:00 am Secretary of State

01-12-2005 90010 035 \*\*\*\*61.25

## DOCUMENT # 746058

1. Entity Name
FANSHAW AT CENTURY VILLAGE CONDOMINIUM
ASSOCIATION, INC.



BOOD PARK OF COMMERCE BLVD BOCA RATON, FL 33487 US  Solve, Apt II, etc.  Suite, Apt III, etc.	Addod/ATION, INC.													
Suite. Apt. #, etc.    Suite. Apt. #, etc.   O1092005 Chg.NP CR2E037 (10/03)	6300 PARK OF COMMERCE BLVD 630				DO PARK OF COMMERCE BLVD				20001617					
City & State  Country  Country  Country  Country  Country  Country  Country  Country  Street Address of Country  Street Address of Country  City  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City	Principal Place of Business													
City & State  Country  Country  Country  Country  Country  Country  Country  Country  Street Address of Country  Street Address of Country  City  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City		<del></del>												
Signature   Sign	Suite, Apt.	#, etc.		\$L\$L	Suite, Apt. #, etc.				01052005	Chg-NP	CI	R2E037	(10/03)	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 1. IPSON, HERMAN 4.34 FANSHAW K BOCA RATON, FL 33434  6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the offigations of registered agent.  SIGNATURE  5. Centrollary 1. Name and Address of New Registered Agent City FL  City FL  City FL  Zip Code  6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the offigations of registered agent.  SIGNATURE  5. Centrollary 1. Name and Address of New Registered Agent City FL  City FL  Zip Code  City FL  Zip Code  6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the offigation of registered agent.  SIGNATURE  5. Centrollary 1. Name and Address of New Registered Agent City FL  City FL  Zip Code  6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the office or registered agent, or both, in the State of Fiorida of	City & State	е		City & State								<del> </del>	<del>`</del>	
ELIPSON, HERMAN 434 FANNSHAW K BOCA RATON, FL 33434  6. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILING Fee Is \$61.25 Due by May 1, 2005  9. Election Campalgn Financing Trust Fund Contribution.  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  NAME PISCHEL, WILLIAM PISCHEL, WIL	Zip		Country	Zij	Zip Co		ntry		5. Certificate o	f Status Desire	ed [			
LIPSON, HERMAN 434 FANSHAW K BOCA RATON, FL 33434  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, with a 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		6. Name	and Address of Current	Registere	tered Agent				7. Name and A	ddress of Ne	w Regis			
Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Fl  Zip	LIDSON	EDMAN					Name	- =						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, lipred or printed name of registered agent and life if spellcable.   (MOTE, Registered Agent signature required when remeable)   DATE	434 FANSI	HAW K	33434				Street Address (P.O. Box Number is Not Acceptable)							
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature	OCCATORIAL COTO													
SIGNATURE    Signature   Tripe   Seft.25   Seft.25   Pue by May 1, 2005   Trust Fund Contribution.   Seft Added to Fees   Seft.25   Seft And Shaw A   Street Address   Seft And Shaw A   Seft And Shaw A   Street Address   Seft And Shaw A   Seft And Shaw A   Seft And Shaw A   Seft And Shaw A   Seft							City					FL	Zip Cod	9
Signature, hosed or primed name of registered agent and life if applicable. (NOTE Registered Agent signature) required when remarkating)   DATE				r the purp	ose of changing its r	egistere	d office or r	egister	ed agent, or both	, in the State o	f Florida.	l am fan	niliar with,	and accept
Signature, hosed or primed name of registered agent and life if applicable. (NOTE Registered Agent signature) required when remarkating)   DATE														
10.	SIGNATURE.	Signature, typed	or printed name of registered agent	and title if app	olicable. (NOTE:	Registered	Agent signature	e required	when reinstating)			DATE		
TITLE									\$5.00 May Be Added to Fees	F		•	-	
NAME   PISCHEL, WILLIAM   STREET ADDRESS   12 FANSHAW A   STREET ADDRESS   CITY-ST-ZIP   Delete   TITLE   Change   Addition   Addi	10.		OFFICERS AND DIF	RECTORS		11.			ADDITIONS/CHAI	NGES TO OFF	ICERS A	ND DIRE	CTORS IN	10
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12. Thereby 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:

SIGNATURE AND TYPED OR PRINTED AND SIGNING OFFICER OR DIRECTOR

1-6-05

Daytime Phone #