2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06019



FILED Jan 21, 2003 8:00 am § Secretary of State

NEW HA	AMPTON AT CENTURY VILLAC ATION, INC.	SE CONDOMINIUM #II				01-21-2003	90115 020 ***	**61.25	
Principal Place of Business 13460 SW 10 STREET SUITE 101 PEMBROKE PINES FL 33027 US 2. Principal Place of Business		Mailing Address 13460 SW 10 STREET SUITE 101 PEMBROKE PINES FL 33027 US 3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 59-2792849			Applied For	
Zip	Country	Zip	Country		5. Certificate o	of Status Desired		Not Applicable Additional	е
	6. Name and Address of Current	Registered Agent			7. Name and A	Address of New Re	Fee Rec	quired	4
			-Name		7		A Agent		= -
	CHARLES W		Street	Address (P)		IARLES is Not Acceptable)	<i>M</i> .		4
	MGMT GROUP SOUTH, INC			1346	505	W /CCeptagle	<u>st.</u>		1
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8. The abov	/e named entity submits this statement fo	or the purpose of changing its r	registered office	or registered	agent, or both	in the State of Flori	ida Jam familiar y	with and account	4
the obliga	ations of registered agent.		ū	3	3 11	0 01 1 1011	ca. Tamanilla v	viiri, ariu accept	
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SIGNATURE		and title if applicable. (NOTE:	Registered Agent signs	ature required wh	nen reinstation)				
JIGINATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signa	ature required wh	nen reinstating)		DATE		
		and title if applicable. (NOTE: 9. Election Cam Trust Fund Co	paign Financing	\$	5.00 May Be	Mak Florida		ole to	
10.	Signature, typed or printed name of registered agent FILE NOW: FEE IS \$61.25 OFFICERS AND DIF	9. Election Cam Trust Fund Co	paign Financing	□ \$	5.00 May Be	Florida	e Check Payal a Department of	of State	
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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:

DB 954 436 5888