

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

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

01-21-2003 90115 020 \*\*\*\*61.25

**DOCUMENT # NO6019**

1. Entity Name

**NEW HAMPTON AT CENTURY VILLAGE CONDOMINIUM #III  
ASSOCIATION, INC.**



Principal Place of Business

**13460 SW 10 STREET  
SUITE 101  
PEMBROKE PINES FL 33027  
US**

Mailing Address

**13460 SW 10 STREET  
SUITE 101  
PEMBROKE PINES FL 33027  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2792849**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVIS, CHARLES W  
ARISTA MGMT GROUP SOUTH, INC  
12229 PEMBROKE RD.  
PEMBROKE PINES FL 33025**

Name **DAVIS, CHARLES W.**

Street Address (P.O. Box Number is Not Acceptable)  
**13460 SW 10 St.  
Suite 101**

City **Pembroke Pines FL** Zip Code **33027**

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

*Charles W Davis*

**1-6-03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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 **DPT** ☐ Delete  
NAME **WAXMAN, GERTRUDE**  
STREET ADDRESS **151 SW 134TH WAY N-205**  
CITY-ST-ZIP **PEMBROKE PINES FL 33027**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DV** ☐ Delete  
NAME **GREEN, ETHEL**  
STREET ADDRESS **200 SW 132 WAY L-212**  
CITY-ST-ZIP **PEMBROKE PINES FL 33027**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DS** ☒ Delete  
NAME **BOGRAD, ARNOLD**  
STREET ADDRESS **100 SW 132 WAY K-308**  
CITY-ST-ZIP **HOLLYWOOD FL 33027**

TITLE ☒ Change ☐ Addition  
NAME **BOGRAD, MARSHA**  
STREET ADDRESS **100 SW 132 WAY K-308**  
CITY-ST-ZIP **Pembroke Pines FL 33027**

TITLE **D** ☐ Delete  
NAME **SALGADO, JOSEPH**  
STREET ADDRESS **251 SW 134 WAY M-201**  
CITY-ST-ZIP **PEMBROKE PINES FL 33027**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☐ Delete  
NAME **WARMBRUN, DIANA**  
STREET ADDRESS **13350 SW 1ST P-212**  
CITY-ST-ZIP **PEMBROKE PINES FL 33027**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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:

*Gertrude Waxman*

**1/14/2003 954 436 5888**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)