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NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06934 (6)

1. Corporation Name
KINGSLEY AT CENTURY VILLAGE CONDOMINIUM # II ASS OCIATION, INC.

Principal Place of Business
C/O PRIME MANAGEMENT GROUPE. INC.
~~1061 S. ROGERS CIRCLE~~
~~BOCA RATON FL 33487~~

Mailing Address
~~C/O PRIME MANAGEMENT GROUPE. INC.~~
~~1061 S. ROGERS CIRCLE~~
~~BOCA RATON FL 33487-2010~~

3. Date Incorporated or Qualified: 01/03/1985
3a. Date of Last Report: 05/22/1996

2. Principal Place of Business
21
22 Suite, Apt. #, etc. 9728 Pines Blvd
23 City & State Pembroke Pines
24 Zip 33024 25 Country Broward

2a. Mailing Address
26
27 Suite, Apt. #, etc. SAME
28 City & State
29 Zip 30 Country

4. FEI Number 59-2736243 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHNITZER, STEVE
C/O PRIME MANAGEMENT GROUP, INC.
~~1061 S. ROGERS CIRCLE~~
~~BOCA RATON FL 33487~~

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83 9728 Pines Blvd
84 City Pembroke Pines FL 85 Zip Code 33024

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE [signature] Prop Mgr 2-7-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	PRESIDENT	☐ Change ☐ Addition
NAME	FEIMAN, HAROLD		1.2 NAME		
STREET ADDRESS	13255 SW 7TH CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		1.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	2.1 TITLE	DIRECTOR	☐ Change ☐ Addition
NAME	NISSENBAUM, GEORGE		2.2 NAME		
STREET ADDRESS	750 S.W.133RD TERRACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		2.4 CITY-ST-ZIP		
TITLE	~~P~~	☑ DELETE	3.1 TITLE	Leon Hanish - TREASURER	☐ Change ☑ Addition
NAME	~~STONE, MAX~~		3.2 NAME	13250 S.W. 7 Ct - L-407	
STREET ADDRESS	~~13250 SW 7TH CT~~		3.3 STREET ADDRESS	Pembroke Pines, FL	
CITY-ST-ZIP	~~PEMBROKE PINES FL~~		3.4 CITY-ST-ZIP		
TITLE	~~D~~	☑ DELETE	4.1 TITLE	Sy Solow - Director	☐ Change ☑ Addition
NAME	~~WALD, PHYLLIS~~		4.2 NAME	13155 S.W. 7 Ct E-401	
STREET ADDRESS	~~13155 SW 7TH CT~~		4.3 STREET ADDRESS	Pembroke Pines, FL	
CITY-ST-ZIP	~~PEMBROKE PINES FL~~		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0039637