FILED
Mar 08, 2007 8:00 am
Secretary of State
03-08-2007 90001 018 ****61.25

20[illegible] **NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

40031309

01152007 Chg-NP CR2E037 (12/06)

DOCUMENT # N06934

1. Entity Name
KINGSLEY AT CENTURY VILLAGE CONDOMINIUM # II ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O PRIME MANAGEMENT GROUPE, INC. 15951 SW 41ST STREET STE 150 DAVIE, FL 33331 US	C/O PRIME MANAGEMENT GROUPE, INC. 15951 SW 41ST STREET STE 150 DAVIE, FL 33331 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Miele Brothers Mgt.	Miele Brothers Mgt.
Suite, Apt. #, etc.: 2045 SW 127 Ave.	Suite, Apt. #, etc.: 2045 SW 127 Ave.
City & State: Davie, FL	City & State: Davie, FL
Zip: 33325 Country: USA	Zip: 33325 Country: USA

4. FEI Number 59-2736243 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
DAVIS, CHARLES W
13460 SW 10TH ST STE 101
HOLLYWOOD, FL 33027

7. Name and Address of New Registered Agent
Name: Miele Brothers Management
Street Address (P.O. Box Number is Not Acceptable): 2045 SW 127 Ave
City: Davie FL Zip Code: 33325

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: Debora C. McGarvey, FCAM
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

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		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FEINMAN, HAROLD 13255 SW 7TH CT PEMBROKE PINES, FL	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SKLAWER, LEON 750 S.W.133RD TERRACE PEMBROKE PINES, FL	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SOLOW, SY 13155 SW 7TH COURT, #E401 PEMBROKE PINES, FL	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SABAZCO, REX 13250 SW 7CT #L118 PEMBROKE PINES, FL 33027	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Feiman, Harold 13255 SW 7 Ct. # D-117 Pembroke Pines, FL 33027	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Sklawer, Leon 750 SW 133 Terr. # C-313 Pembroke Pines, FL 33027	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T/D Solow, Sy 13155 SW 7 Ct. # E-401 Pembroke Pines, FL 33027	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Debora C. McGarvey, FCAM 3/1/07 954-473-6285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Debora C. McGarvey