2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State
02-04-2008 90052 049 ****61.25

DOCUMENT # N06934

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

40017476

Principal Place of Business	Mailing Address
MIELE BROTHERS MGT 2045 SW 127 AVE DAVIE, FL 33325 US	MIELE BROTHERS MGT 2045 SW 127 AVE DAVIE, FL 33325 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
TRINITY MANAGEMENT SOLUTIONS 549 SAWGRASS CORP PARKWAY SUNRISE FL 33325	TRINITY MANAGEMENT SOLUTIONS 549 SAWGRASS CORP PARKWAY SUNRISE FL 33325

01132008 Chg-NP CR2E037 (12/06)

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	7. Name and Address of New Registered Agent
MIELE BROTHERS MANAGEMENT 2045 SW 127 AVE FORT LAUDERDALE, FL 33325	Name TRINITY MANAGEMENT SOLUTIONS Street A 549 SAWGRASS CORP PARKWAY SUNRISE FL 33325 City Code

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 BARBARA RUFFINO - PROPERTY MANAGER 2/1/08
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, 2008

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FEINMAN, HAROLD 13255 SW 7 CT #D-117 PEMBROKE PINES, FL 33027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SKLAWER, LEON 750 SW 133 TERR #C-313 PEMBROKE PINES, FL 33027	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR. MARTY BARUCH 750 SW 133 TERR # C402 Pembroke Pines FL 33027	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SOLOW, SY 13155 SW 7 CT #E-401 PEMBROKE PINES, FL 33027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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: Harold Feinman 2/1/08 954-332-6861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #