


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90030 031 ****61.25

DOCUMENT # N11837		
1. Entity Name IVANHOE WEST AT CENTURY VILLAGE CONDOMINIUM #1 ASSOCIATION, INC.		
Principal Place of Business C/O GABLES PROPERTY MGMT 1495 NORTH PARK DRIVE WESTON, FL 33326 US	Mailing Address 1495 NORTH PARK DRIVE WESTON, FL 33326 US	



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

3. Mailing Address
TRINITY MANAGEMENT SOLUTIONS
549 SAWGRASS CORP PARKWAY
SUNRISE FL 33325

01132008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0035378

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	
STRALEY & OTTO P.A. 3990 SHERIDAN ST #110 HOLLYWOOD, FL 33021		Name	TRINITY MANAGEMENT SOLUTIONS
		Street /	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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAZIMOVITZ, ROBERTA	NAME	
STREET ADDRESS	1495 NORTH PARK DRIVE	STREET ADDRESS	
CITY-ST-ZIP	WESTON, FL 33326	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCHAND, ROBERT	NAME	
STREET ADDRESS	1495 NORTH PARK DRIVE	STREET ADDRESS	
CITY-ST-ZIP	WESTON, FL 33326	CITY-ST-ZIP	
TITLE	2VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAUD, ROZ	NAME	
STREET ADDRESS	1495 NORTH PARK DRIVE	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL 33326	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRY, HELENE	NAME	
STREET ADDRESS	1495 NORTH PARK DRIVE	STREET ADDRESS	
CITY-ST-ZIP	WESTON, FL 33326	CITY-ST-ZIP	
TITLE	1VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EPSTEIN, RAY	NAME	
STREET ADDRESS	1495 NORTH PARK DRIVE	STREET ADDRESS	
CITY-ST-ZIP	WESTON, FL 33326	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Roberta Nazimovitz 2/1/08 954-332-6861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #