2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 18, 2008 8:00 am Secretary of State

ANNUAL REPORT								Secretary of State					
DOCUMENT # N13307 1. Entity Name IVANHOE WEST AT CENTURY VILLAGE CONDOMINIUM II ASSOCIATION, INC.									02-18-2008 90	•			
13460 SW 10TH STREET 134 STE 101 STE			13460 SW STE 101	ling Address 460 SW 10TH STREET E 101 MBROKE PINES, FL 33027 US				THE STATE OF THE S		BIBN BIBN BIBN BIBU BI	(1)), ((10)	181 BI 1881	
2. Principal Place of Business - No P.O. Box # 3. Ma				ailing Address									
Suite, Apt. #, etc.			Suite, Ap	Suite, Apt. #, etc.				10232007	Chg-NP	CR2E037 (12/	(06)		
City & State			City & St	City & State				4. FEI Number 65-0035	381			olied For Applicable	
Zip	Country Z			ip Cour			5. Certificate of Status Do			\$8.75 Additional Fee Required			
	6. Name	and Address of Current F	Registered Age	ent				7. Name and A	ddress of New R	egistered Agent			
DAVIS, CHARLES W								arlie Otto Ese					
13460 SW 10ST #101 HOLLYWOOD, FL 33027				Street				P.O. Box Number	is Not Acceptable				
110221110		_	26	99	Sticling	Rd.,S	wite C-	<u>20</u>	П				
City #4.1								a velevi	tolo.	FL ∰	Code	2	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstafing) DATE													
Amended AR is \$61.25 9. Election Campaigr Trust Fund Contrib						•		\$5.00 May Be Added to Fees		ake check paya ida Department			
10.		OFFICERS AND DIR	ECTORS		11.			ADDITIONS/CHA	NGES TO OFFICE	RS AND DIRECTO	RS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1551 SW	', MARVIN 135TH TERR KE PINES, FL 33027	3	Delete	TITLE NAME STREET CITY-S	T ADORESS ST-ZIP				Ch	ange	Addition	
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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.

CITY-ST-ZIP

SIGNATURE: _

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daysme Phone #