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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N38276

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

Principal Place of Business	Mailing Address
PRIME MGMT 9728 PINE BLVD PEMBROKE PINES FL 33027 US	PRIME MGMT 9728 PINES BLVD PEMBROKE PINES FL 33027 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/23/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0246173 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing ☐ **$5.00** May Be Added to Fees — Trust Fund Contribution

9. Name and Address of Current Registered Agent

~~ARISTA MGMT SOUT, INC~~ STEVE Schnitzer
~~12289 PEMBROKE RD~~ c/o Prime MGT
~~C/O CHARLIE DAVIS~~ 9728 Pines Blvd
~~PEMBROKE PINES FL 33025~~ Pembroke Pines, FL 33024

10. Name and Address of New Registered Agent

81 Name STEVE Schnitzer
82 Street Address (P.O. Box Number is Not Acceptable) c/o Prime MGT
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: Property Mgr. 1.6.99
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	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	AUSLANDER, HERMAN		1.2 NAME		
STREET ADDRESS	12900 S.W. 13TH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		1.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	2.1 TITLE	SECRETARY/D	☐ Change ☑ Addition
NAME	NADEL, LOU		2.2 NAME	RUTH WEISENFELD	
STREET ADDRESS	12950 SW 13 ST		2.3 STREET ADDRESS	12950 SW 13th STREET	
CITY-ST-ZIP	PEMBROKE PINES FL		2.4 CITY-ST-ZIP	Pembroke Pines, FL 33027.	
TITLE	~~D~~ VP	☐ DELETE	3.1 TITLE	VICE PRESIDENT/D	☑ Change ☐ Addition
NAME	LEVIN, MERWYN		3.2 NAME		
STREET ADDRESS	1300 SW 130TH AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33027		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE	Treasurer/D	☑ Change ☐ Addition
NAME	SCHULTZ, RON		4.2 NAME		
STREET ADDRESS	1200 SW 130 AVE		4.3 STREET ADDRESS		
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 (11/98)

14. I 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, for on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/6/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #