

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N43433 (4)**

1. Corporation Name

**IVANHOE EAST AT CENTURY VILLAGE CONDOMINIUM #1 ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**13460 S.W. 10TH STREET  
ADMINISTRATION BLDG.  
PEMBROKE PINES FL 33027**

**13460 S.W. 10TH STREET  
ADMINISTRATION BLDG.  
PEMBROKE PINES FL 33027**

3. Date Incorporated or Qualified  
**05/13/1991**

3a. Date of Last Report  
**04/19/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**65-0271071**

Applied For  
Not Applicable

22

27

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

23

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6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

24

25

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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DAVIS, CHARLES W.  
C/O ENCORE MAINT. & MGMT.  
13550 SW 10TH ST  
PEMBROKE PINES FL 33027**

81

Name **Charles W. Davis**

82

Street Address (P.O. Box Number is Not Acceptable)  
**13589 Rembroke Rd Suite 106  
Arista management Group South, Inc.**

83

84

City **Pembroke Pines** FL 85 Zip Code **33025**

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

X

**President L.C.A.M. Charles W. Davis**

**1-26-96**

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEVITAN, BEN	
STREET ADDRESS	12901 SW 15TH CT	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HERMAN, SIEGEL	
STREET ADDRESS	13001 SW 15TH CT	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MURRAY, KAGAN	
STREET ADDRESS	13000 SW 15TH CT	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>U.P. Bab Morgan</b>
1.3 STREET ADDRESS	<b>13055 S.W. 15th Ct.</b>
1.4 CITY-ST-ZIP	<b>Pembroke Pines, Fla 33027</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, or on an attachment with an address.

SIGNATURE:

**Sigelm**

**1-25-96**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)