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Feb 28 1997 8:00am
Secretary of State

NONPROFIT, CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33027-1833**
Arista mgm Group South

2. Principal Place of Business

2a. Mailing Address

*12289 Pembroke Rd.**12289 Pembroke Rd*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*Suite 106**Suite 106*

City & State

City & State

*Pembroke Pines Fla**Pembroke Pines, Fla*

Zip

Country

Zip

Country

*33025**Broward**33025**Broward*

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DAVIS, CHARLES W.
12289 PEMBROKE RD.
SUITE 106
PEMBROKE PINES FL 33025**
Charles W Davis

Street Address (P.O. Box Number is Not Acceptable)

*12289 Pembroke Rd.**Suite 106 Arista South**Pembroke Pines***FL***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, in 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 *Charles W Davis**2-5-97*

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	PD	<input type="checkbox"/> DELETE
NAME	LEVITAN, BEN	
STREET ADDRESS	12901 SW 15TH CT	
CITY - ST - ZIP	PEMBROKE PINES FL	

1.1 TITLE	<i>Sec. Director</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<i>Ben Levitan</i>	
1.3 STREET ADDRESS	<i>12901 SW 15th Ct</i>	
1.4 CITY - ST - ZIP	<i>Pembroke Pines, Fla 33027</i>	

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

2.1 TITLE	<i>President - Director</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<i>Siegman Siegel</i>	
2.3 STREET ADDRESS	<i>13001 SW 15th Ct</i>	
2.4 CITY - ST - ZIP	<i>Pembroke Pines, Fla 33027</i>	

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

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MORGAN, TAB	
STREET ADDRESS	13055 SW 15TH CT.	
CITY - ST - ZIP	REMBROKE PINES FL	

4.1 TITLE	<i>VP Director</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<i>Bernie Lewkowich</i>	
4.3 STREET ADDRESS	<i>13055 SW 15th Ct</i>	
4.4 CITY - ST - ZIP	<i>Pembroke Pines, Fla 33027</i>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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 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, or on an attachment with an address.

SIGNATURE: *Charles W Davis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0024038

CR2E037 (9/96)