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Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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
arista South arista South

2. Principal Place of Business 2a. Mailing Address
21 12289 Rembroke Rd 26 12289 Rembroke Rd
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Pembroke Pines, Fla 27 Pembroke Pines, Fla
City & State City & State
23 33025 Broward 28 33025 Broward
Zip Country Zip Country
24 25 29 30

3. Date Incorporated or Qualified
05/13/1991
4. FEI Number 65-0271071 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
DAVIS, CHARLES W.
12289 REMBROKE RD.
SUITE 106
PEMBROKE PINES FL 33025

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
12289 Rembroke Rd.
83
84 City FL 85 Zip Code

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 Charlie Davis Reg agent CHARLIE DAVIS 1-9-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE
NAME	LEVITAN, BEN	
STREET ADDRESS	12901 SW 15TH CT	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	PD	DELETE
NAME	HERMAN, SIEGEL	
STREET ADDRESS	13001 SW 15TH CT	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	TD	DELETE
NAME	MURRAY, KAGAN	
STREET ADDRESS	13000 SW 15TH CT	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	VP	DELETE
NAME	MORGAN, TAB	
STREET ADDRESS	13055 SW 15TH CT.	
CITY-ST-ZIP	REMBROKE PINES FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME	Director Herman Siegel	
2.3 STREET ADDRESS	13001 SW 15th ct	
2.4 CITY-ST-ZIP	Pembroke Pines, Fla 33027	
3.1 TITLE	Change	Addition
3.2 NAME	Sec/Tre Murray Kagan	
3.3 STREET ADDRESS	13000 SW 15th ct	
3.4 CITY-ST-ZIP	Pembroke Pines, Fla 33027	
4.1 TITLE	Change	Addition
4.2 NAME	U.P. Bernie Soukowitz	
4.3 STREET ADDRESS	13055 SW 15th ct	
4.4 CITY-ST-ZIP	Pembroke Pines, Fla 33027	
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, or on an attachment with an address.

SIGNATURE: *Ben Morgan* 1/09/98 436-5888

CR2E037 (10/97)