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Feb 26, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
			
DOCUMENT # N43433			
1. Corporation Name IVANHOE EAST AT CENTURY VILLAGE CONDOMINIUM #1 ASSOCIATION, INC.			
Principal Place of Business ARISTA SOUTH 12289 PEMBROKE RD PEMBROKE PINES FL 33025 US		Mailing Address ARISTA SOUTH 12289 PEMBROKE RD PEMBROKE PINES FL 33025 US	

#1015



2. Principal Place of Business 21 12229 Pembroke Road		2a. Mailing Address 26 12229 Pembroke Road		3. Date Incorporated or Qualified 05/13/1991	
Suite, Apt. #, etc. 22 Pembroke Pines, FLA		Suite, Apt. #, etc. 27 Pembroke Pines, FLA		4. FEI Number 65-0271071	
City & State 23 33025 USA		City & State 28 33025 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33025		Country 25 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent DAVIS, CHARLES W. 12289 PEMBROKE 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) 12229 Pembroke Road 83 Pembroke Pines 84 City FL 85 Zip Code 33025			
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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 *Charles W Davis* *Ry Dgt* DATE **1-28-99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEVITAN, BEN			1.2 NAME	LEVITAN-BEN		
STREET ADDRESS	12901 SW 15TH CT			1.3 STREET ADDRESS	12901 SW 15th Ct		
CITY-ST-ZIP	PEMBROKE PINES FL			1.4 CITY-ST-ZIP	Pembroke Pines, FLA 33027		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HERMAN, SIEGEL			2.2 NAME	SIEGAL-HERMAN		
STREET ADDRESS	13001 SW 15TH CT			2.3 STREET ADDRESS	13001 SW 15th Ct		
CITY-ST-ZIP	PEMBROKE PINES FL 33027			2.4 CITY-ST-ZIP	Pembroke Pines, FLA 33027		
TITLE	ST	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MURRAY, KAGAN			3.2 NAME	PADAETZ-ZELDA		
STREET ADDRESS	13000 SW 15TH CT			3.3 STREET ADDRESS	13000 SW 15th Ct		
CITY-ST-ZIP	PEMBROKE PINES FL 33027			3.4 CITY-ST-ZIP	Pembroke Pines, FLA 33027		
TITLE	VP	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEUKOITZ, BERNIE			4.2 NAME	KISHLANSKY-ARTHUR		
STREET ADDRESS	13055 SW 15TH CT.			4.3 STREET ADDRESS	3055 SW 15th Ct		
CITY-ST-ZIP	PEMBROKE PINES FL 33027			4.4 CITY-ST-ZIP	Pembroke Pines, FLA 33027		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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, with all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED* **1-28-99**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)