

DOCUMENT # N43433

1. Entity Name

IVANHOE EAST AT CENTURY VILLAGE CONDOMINIUM #1 A

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90024 041 ****61.25

Principal Place of Business

Mailing Address

ARISTA SOUTH
12289 PEMBROKE RD
PEMBROKE PINES FL 33025
US

ARISTA SOUTH
12289 PEMBROKE RD
PEMBROKE PINES FL 33025-1725
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0271071

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name ~~DAVIS, CHARLES W.~~
Street Address (P.O. Box Number is Not Acceptable)
12229 PEMBROKE RD
City ~~PEMBROKE PINES FL~~ Zip Code ~~33025~~

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *x Charles W Davis Reg. Agt.* DATE 1-17-2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
NAME SD
STREET ADDRESS LEVITAN, BEN
CITY-ST-ZIP 12901 SW 15TH CT
PEMBROKE PINES FL 33027

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME PD
STREET ADDRESS HERMAN, SIEGEL
CITY-ST-ZIP 13001 SW 15TH CT
PEMBROKE PINES FL 33027

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME VD
STREET ADDRESS MURRAY, KAGAN
CITY-ST-ZIP 13000 SW 15TH CT
PEMBROKE PINES FL 33027

TITLE Change Addition
NAME VP
STREET ADDRESS TRIPODO, SALVATORE
CITY-ST-ZIP 13000 SW 15TH CT
PEMBROKE PINES, FL 33027

TITLE Delete
NAME TD
STREET ADDRESS KISHLANSKY, ARTHUR
CITY-ST-ZIP 13055 SW 15TH CT.
PEMBROKE FL 33027

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *x [Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 1-17-2000 DAYTIME PHONE # 954 4365884

CR 1 017 4994