

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

0017557

DOCUMENT # N43433

1. Entity Name

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

02-11-2002 90105 006 ****61.25

Principal Place of Business

**ARISTA SOUTH
 12229 PEMBROKE RD
 PEMBROKE PINES FL 33025
 US**

Mailing Address

**ARISTA SOUTH
 12229 PEMBROKE RD
 PEMBROKE PINES FL 33025
 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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVIS, CHARLES W.
 12229 PEMBROKE RD
 PEMBROKE PINES FL 33025**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **PDV** ☐ Delete
 NAME **SIEGEL, HERMAN**
 STREET ADDRESS **13001 SW 15CT T-411**
 CITY-ST-ZIP **PEMBROKE PINES FL 33027**

TITLE **D/P** ☒ Change ☐ Addition
 NAME **SIEGEL, HERMAN**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DST** ☐ Delete
 NAME **KISHLANSKY, ARTHUR**
 STREET ADDRESS **13055 SW 15 CT S-207**
 CITY-ST-ZIP **PEMBROKE PINES FL 33027**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **TRIPODE, SALVATORE**
 STREET ADDRESS **13000 SW 15 CT U-411**
 CITY-ST-ZIP **PEMBROKE PINES FL 33027**

TITLE **D/V** ☒ Change ☐ Addition
 NAME **TRIPODE, SALVATORE**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **BERGER, ADELE**
 STREET ADDRESS **12901 SW 15 CT V410**
 CITY-ST-ZIP **HOLLYWOOD FL 33027**

TITLE **D** ☒ Change ☐ Addition
 NAME **BERGER, ADELE**
 STREET ADDRESS **12901 SW 15 CT APT V-410**
 CITY-ST-ZIP **Pembroke Pines, FL 33027**

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 609.01(3)(b), Florida Statutes, and 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:

[Handwritten Signature]
 1/21/2002 (954) 426-5888

CR2E037 (9/01)