

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90024 036 \*\*\*\*61.25

94021265



<b>DOCUMENT # N43433</b> 1. Entity Name <b>IVANHOE EAST AT CENTURY VILLAGE CONDOMINIUM #1 ASSOCIATION, INC.</b>					
Principal Place of Business 13460 SW 10 STREET SUITE 101 PEMBROKE PINES, FL 33027 US			Mailing Address 13460 SW 10 STREET SUITE 101 PEMBROKE PINES, FL 33027 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>65-0271071</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>DAVIS, CHARLES W.</b> <b>13460 SW 10 ST</b> <b>HOLLYWOOD, FL 33027</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Charles W Davis</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>1/13/2004</u>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>SIEGEL, HERMAN</b> <b>13001 SW 15 CT T-411</b> <b>PEMBROKE PINES, FL 33027</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>BUCHLER, THELMA</b> <b>13001 SW 15 CT. T-210</b> <b>PEMBROKE PINES, FL 33027</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST</b> <b>KISHLANSKY, ARTHUR</b> <b>13055 SW 15 CT S-207</b> <b>PEMBROKE PINES, FL 33027</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>KISHLANSKY, ARTHUR</b> <b>13055 SW 15 CT. S-207</b> <b>PEMBROKE PINES, FL 33027</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>TRIPODE, SALVATORE</b> <b>13000 SW 15 CT U-411</b> <b>PEMBROKE PINES, FL 33027</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>TRIPODE, SALVATORE</b> <b>13000 SW 15 CT U-411</b> <b>PEMBROKE PINES, FL 33027</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BERGER, ADELE</b> <b>12901 SW 15 CT V410</b> <b>PEMBROKE PINES F, FL 33027</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DI</b> <b>BERGER, ADELE</b> <b>12901 SW 15 CT.</b> <b>PEMBROKE PINES, FL 33027</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <u><i>Salvatore Tripodo</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>1-29-04</u> Daytime Phone # <u>(954) 436-5888</u>		