


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90008 007 \*\*\*\*61.25

**DOCUMENT # N43433**

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



40026620



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 - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

12192007 Chg-NP CR2E037 (12/06)

4. FEI Number  
 65-0271071

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

DAVIS, CHARLES W.  
 13460 SW 10 ST  
 HOLLYWOOD, FL 33027

**7. Name and Address of New Registered Agent**

Name **CHARLIE OTTO, ESQ.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**STRALEY + OTTO, P.A.**  
**2699 Stirling Road, Suite C-207**  
 City **FT. LAUDERDALE** FL Zip Code **33312**

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  **CHARLES OTTO, ESQ., for STRALEY + OTTO, P.A.** | 1.11.08  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

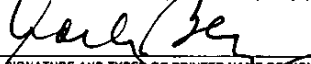
**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	BERGER, ADELE	12901 SW 15 COURT V-410	PEMBROKE PINES, FL 33027	<input type="checkbox"/>
DV	POMERANTZ, RON	13000 SW 15 CT U-402	PEMBROKE PINES, FL 33027	<input checked="" type="checkbox"/>
VPS	BUCHLER, THELMA	13001 SW 15 CT T-210	HOLLYWOOD, FL 33027	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
DIRECTOR	SALTRIPODD	13000 SW 15 COURT V-402	PEMBROKE PINES, FL 33027	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP/TREAS.				<input checked="" type="checkbox"/>	<input type="checkbox"/>
SECRETARY	KATHERINE McDONOUGH	13055 SW 15 COURT S-102	PEMBROKE PINES, FL 33027	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #