2008 NOT-FOR-PROFIT CORPORATION

Feb 18, 2008 8:00 am **ANNUAL REPORT Secretary of State** 02-18-2008 90008 005 ****61.25 **DOCUMENT # N49909** IVANHOE EAST AT CENTURY VILLAGE CONDOMINIUM #III ASSOCIATION, INC. Principal Place of Business Mailing Address 13460 SW 10 STREET 13460 SW 10 STREET SUITE 101 SUITE 101 PEMBROKE PINES, FL 33027 PEMBROKE PINES, FL 33027 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 10232007 CR2E037 (12/06) City & State City & State Applied For 4. FEI Number 65-0413631 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DAVIS, CHARLES W 13460 SW 10 ST HOLLYWOOD, FL 33027 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. STRACEY + OTTO, P.A. CHAPLES OTTO, ESQ. SIGNATURE Make check payable to 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Florida Department of State Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. rres. Treas. Delete TITLE ☐ Addition TITLE HIRSCH, MEL NAME NAME 13105 SW 16TH CT. L-411 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD, FL 33027 Change ☐ Addition ☐ Delete TITLE TITLE COSTELLO, TONY NAME NAME 13455 SW 167TH CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL 33027 CITY-ST-7IP Director 🌠 Change ☐ Addition Delete TITLE TITLE AVERBACK, AURTHOR NAME NAME 13255 10TH CT STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PEMBROKE PINES, FL 33027 Delete Secretary (X) Change ☐ Addition TITLE TITLE SCHNEIDER, SELMA NAME NAME 13355 16TH CT. STREET ADDRESS STREET ADDRESS HOLLYWOOD, FL 33027 CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE DORFELD, ADA NAME NAME 12955 SW 16TH COURT M-401 STREET ADDRESS STREET ADDRESS PEMBROKE PINES, FL 33027 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther 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.

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

SIGNATURE:

FILED