

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90149 027 ****61.25

DOCUMENT # N95000002639

1. Entity Name
**SUFFOLK AT CENTURY VILLAGE CONDOMINIUM #II
ASSOCIATION, INC.**



Principal Place of Business
15951 SW 41 ST
SUITE 150
DAVIE, FL 33331 US

Mailing Address
15951 SW 41 ST
SUITE 150
DAVIE, FL 33331 US

400000100



2. Principal Place of Business - No P.O. Box #

13460 SW 10th Street

Suite, Apt. #, etc.

Suite 101

City & State

Pembroke Pines, FL

Zip
33027

Country
US

3. Mailing Address

13460 SW 10th Street

Suite, Apt. #, etc.

Suite 101

City & State

Pembroke Pines, FL

Zip
33027

Country
US

03292007 Chg-NP CR2E037 (12/06)

4. FEI Number
90-0047950

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 101
HOLLYWOOD, FL 33027**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Charles W Davis Reg. Agt.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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 PD ☐ Delete
NAME FREID, GEORGE
STREET ADDRESS 1301 S.W. 142ND AVENUE H-314
CITY-ST-ZIP PEMBROKE PINES, FL 33027

TITLE T ☐ Delete
NAME BAREA, MICHAEL
STREET ADDRESS 801 SW 141 AVE #O301
CITY-ST-ZIP HOLLYWOOD, FL 33027

TITLE 2V ☒ Delete
NAME COHN, PHILLIP
STREET ADDRESS 1001 SOUTHWEST 141 AVENUE #K303
CITY-ST-ZIP PEMBROKE PINES, FL 33027

TITLE D ☐ Delete
NAME NEWMAN, ROSE
STREET ADDRESS 1201 SW 141 AVE J 303
CITY-ST-ZIP HOLLYWOOD, FL 33027

TITLE 1VPS ☐ Delete
NAME KAPLAN, DAVID
STREET ADDRESS 800 S.W. 142ND AVENUE
CITY-ST-ZIP PEMBROKE PINES, FL 33027

TITLE D ☒ Delete
NAME WEINBERG, DENNIE
STREET ADDRESS 901 SW 141 AVE #M410
CITY-ST-ZIP PEMBROKE PINES, FL 33027

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE Secretary ☐ Change ☒ Addition
NAME Pilar Barrera
STREET ADDRESS 1001 SW 141 ave. K-107
CITY-ST-ZIP Pembroke Pines, FL 33027

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

TITLE Director ☐ Change ☒ Addition
NAME Ann Edelheit
STREET ADDRESS 900 SW 142 ave L-112
CITY-ST-ZIP Pembroke Pines, FL 33027

TITLE Director ☐ Change ☒ Addition
NAME Perry Atfield
STREET ADDRESS 901 SW 141 ave. M-312
CITY-ST-ZIP Pembroke Pines, FL 33027

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:

David Kaplan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/2007 954-438-7979