

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90051 041 ****61.25

002432

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000000093

1. Corporation Name

PLYMOUTH AT CENTURY VILLAGE CONDOMINIUM #IV ASSO
CIATION, INC.

CK 1009

Principal Place of Business

ADMINISTRATION BLDG. CENTURY VILLAGE
13460 SW 10TH STREET
PEMBROKE PINES FL 33027

Mailing Address

ADMINISTRATION BLDG. CENTURY VILLAGE
13460 SW 10TH STREET
PEMBROKE PINES FL 33027



2. Principal Place of Business

21 12229 Pembroke Rd.

2a. Mailing Address

26 12229 Pembroke Rd

3. Date Incorporated or Qualified
01/08/1998

Suite, Apt. #, etc.

22 Pembroke Pines, Fla

Suite, Apt. #, etc.

27 Pembroke Pines, Fla

4. FEI Number

65-0806024

Applied For

Not Applicable

City & State

23 33025 USA

City & State

28 33025 USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

24

25

Country

29

Country

30

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

COHEN, HAROLD
ADMINISTRATION BLDG. CENTURY VILLAGE
13460 SW 10TH STREET
PEMBROKE PINES FL 33027

10. Name and Address of New Registered Agent

81 Name

CHARLIE W. DAVIS

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

12229 Pembroke ROAD

83 Pembroke Pines, FL

84 City

FL

85 Zip Code

33025

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Charles W. Davis*

Registered Agent

1-5-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE STD ☒ DELETE

NAME SEIDMAN, LINDA
STREET ADDRESS 13460 SW 10TH STREET
CITY-ST-ZIP PEMBROKE PINES FL 33027

TITLE PD ☒ DELETE

NAME COHEN, HAROLD
STREET ADDRESS 13460 SW 10TH STREET
CITY-ST-ZIP PEMBROKE PINES FL 33027

TITLE VD ☒ DELETE

NAME RICH, MICHAEL A
STREET ADDRESS 100 CENTURY BOULEVARD
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition

1.2 NAME COHEN, Jerry
1.3 STREET ADDRESS 700 SW 137th Ave.
1.4 CITY-ST-ZIP Pembroke Pines, FL 33027

2.1 TITLE SD ☐ Change ☒ Addition

2.2 NAME GOLD, Doris
2.3 STREET ADDRESS 550 SW 138th Ave
2.4 CITY-ST-ZIP Pembroke Pines, FL 33027

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME KAY-Drew
3.3 STREET ADDRESS 13800 SW 5th ct.
3.4 CITY-ST-ZIP Pembroke Pines, FL 33027

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME ROSENBLATT-HARRY
4.3 STREET ADDRESS 650 SW 138th Ave
4.4 CITY-ST-ZIP Pembroke Pines, FL 33027

5.1 TITLE TD ☐ Change ☐ Addition

5.2 NAME RAILEARU, JORDON
5.3 STREET ADDRESS 550 SW 137th Ave
5.4 CITY-ST-ZIP Pembroke Pines, FL 33027

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Jerry Cohen President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-19-99

CR2E037 (1/198)