


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90240 004 ****61.25

DOCUMENT # N98000000093			
1. Entity Name PLYMOUTH AT CENTURY VILLAGE CONDOMINIUM #IV ASSOCIATION, INC.			
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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/05)

4. FEI Number 65-0806024		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent DAVIS, CHARLIE W 13460 SW 10 ST SUITE 10 PEMBROKE PINES FL 33027		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 Charles W. Davis, General Manager 2-2-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CAINS, JUAN 700 SW 137 AVE H-313 PEMBROKE PINES FL 33027 <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	D CAING, JUAN 700 SW 137 AVE., H-313 HOLLYWOOD FL 33027 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Jordan Railer 550 SW 137 ave L-401 Pembroke Pines, FL 33027 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TREMINE, CATHERINE 550 SW 138TH AVENUE, APT. K-303 PEMBROKE PINES FL 33027 <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	DT VALDES, RICHARD 13800 SW 5 CT M-409 PEMBROKE PINES FL 33027 <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	DV DONDE, JEFFERY S 650 SW 138 AVE., J-407 HOLLYWOOD FL 33027 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Mary Babcock 650 SW 138 ave J-310 Pembroke Pines FL 33027 <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 exemptions contained in Section 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: Jordan Railer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #