

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90004 013 ****61.25

DOCUMENT # N9800002725
 1. Entity Name
PLYMOUTH AT CENTURY VILLAGE CONDOMINIUM #V ASSOCIATION, INC.



Principal Place of Business Mailing Address
163 PLYMOUTH W. WEST PALM BEACH FL 33417 **163 PLYMOUTH W. WEST PALM BEACH FL 33417**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. **SEACREST SERVICES INC.**
2400 CENTREPARK DR. W. SUITE 175
WEST PALM BEACH, FL. 33409
 City & State
 Zip Country



1st MOORE CR2E037 (10/04)

4. FEI Number Applied For
59-2371892 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
PRINZ, J A
159 PLYMOUTH V
WEST PALM BEACH FL 33417-1663

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRINZ, J A 159 PLYMOUTH V WEST PALM BEACH FL 33417-1663 <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	DS ADAMS, JERI 155 PLYMOUTH V WEST PALM BEACH FL 33417 <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 GOLFIN, IRMA 163 PLYMOUTH W WEST PALM BEACH FL 33417-1663 <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 KANTERMAN, MARTHA S-143 PLYMOUTH V WEST PALM BEACH FL 33417 <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 SCHWARTZ, AL 155 PLYMOUTH T WEST PALM BEACH FL 33417-1663 <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 HEJDA, GERALD <input checked="" type="checkbox"/> Delete 162 PLYMOUTH V WEST PALM BEACH FL 33417	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STANLEY ABERMAN 116 PLYMOUTH O WEST PALM BEACH, FL 33417

12. 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 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: Irma R. Golfin, TREASURER 1/20/05 (361)640-4682
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #