

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90004 042 \*\*\*\*61.25

<b>DOCUMENT # N98000002725</b>					
1. Entity Name PLYMOUTH AT CENTURY VILLAGE CONDOMINIUM #V ASSOCIATION, INC.					
Principal Place of Business 163 PLYMOUTH W. WEST PALM BEACH, FL 33417			Mailing Address SEACREST SERVICES INC. 2400 CENTERPARK DR. W. WEST PALM BEACH, FL 33409		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2371892	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PRINZ, J A <del>159 PLYMOUTH V</del> WEST PALM BEACH, FL 33417-1663			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRINZ, J A		NAME	A. SCHWARTZ	
STREET ADDRESS	159 PLYMOUTH V		STREET ADDRESS	143 PLYMOUTH T	
CITY - ST - ZIP	WEST PALM BEACH, FL 334171663		CITY - ST - ZIP	WEST PALM BEACH, FL 33417	
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, JERI		NAME		
STREET ADDRESS	155 PLYMOUTH V		STREET ADDRESS		
CITY - ST - ZIP	WEST PALM BEACH, FL 33417		CITY - ST - ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLFIN, IRMA		NAME		
STREET ADDRESS	163 PLYMOUTH W		STREET ADDRESS		
CITY - ST - ZIP	WEST PALM BEACH, FL 334171663		CITY - ST - ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANTERMAN, MARTHA		NAME		
STREET ADDRESS	S-143 PLYMOUTH V		STREET ADDRESS		
CITY - ST - ZIP	WEST PALM BEACH, FL 33417		CITY - ST - ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	VICE PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, AL		NAME	H. ADAMS	
STREET ADDRESS	155 PLYMOUTH T		STREET ADDRESS	155 PLYMOUTH V	
CITY - ST - ZIP	WEST PALM BEACH, FL 334171663		CITY - ST - ZIP	WEST PALM BEACH, FL 33417	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABERMAN, STANLEY		NAME		
STREET ADDRESS	116 PLYMOUTH O		STREET ADDRESS		
CITY - ST - ZIP	WEST PALM BEACH, FL 33417		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 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: <u>Irma R. Golfin</u> TREAS			Date: <u>2/6/06</u> (561) 640-4682		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		