


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90017 026 ***61.25

DOCUMENT # N98000002725					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2371892	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PRINZ, JA 159 PLYMOUTH V WEST PALM BEACH, FL 33417-1664			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
GOLFIN, IRMA R. 163 PLYMOUTH W WEST PALM BEACH, FL 33417-1664					
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 _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		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 type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHWARTZ, A		NAME		
STREET ADDRESS	147 PLYMOUTH T		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 334171663		CITY-ST-ZIP		
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	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ADAMS, H		NAME	JUDY PRINZ	
STREET ADDRESS	155 PLYMOUTH T		STREET ADDRESS	DIRECTOR / CORR. SEC'Y	
CITY-ST-ZIP	WEST PALM BEACH, FL 334171663		CITY-ST-ZIP	159 PLYMOUTH V	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	ABERMAN, STANLEY		NAME	W. PALM BEACH, FL 33417	
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>Jima R. Golfin, TREAS</u>			Date: <u>3/26/07</u> (56) 640-4682		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		