


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90030 012 ****61.25

DOCUMENT # N98000002725

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



40020310



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 #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

City & State
 Zip Country

4. FEI Number
59-2371892

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**GOLFIN, IRMA R.
 163 PLYMOUTH W
 WEST PALM BEACH, FL 33417-1664**

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 _____

**Filing Fee is \$61.25
 Due by May 1, 2008**

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 **P** Delete
 NAME **SCHWARTZ, A**
 STREET ADDRESS **147 PLYMOUTH T**
 CITY-ST-ZIP **WEST PALM BEACH, FL 334171663**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DS** Delete
 NAME **ADAMS, JERI**
 STREET ADDRESS **155 PLYMOUTH V**
 CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DT** Delete
 NAME **GOLFIN, IRMA**
 STREET ADDRESS **163 PLYMOUTH W**
 CITY-ST-ZIP **WEST PALM BEACH, FL 334171663**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DT** Delete
 NAME **KANTERMAN, MARTHA**
 STREET ADDRESS **S-143 PLYMOUTH V**
 CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **PRINZ, JUDY**
 STREET ADDRESS **159 PLYMOUTH V**
 CITY-ST-ZIP **WEST PALM BEACH, FL 334171663**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME ~~**ADKIN, STANLEY**~~
 STREET ADDRESS ~~**118 PLYMOUTH O**~~
 CITY-ST-ZIP ~~**WEST PALM BEACH, FL 33417**~~

TITLE Change Addition
 NAME **VICE-PRESIDENT**
 STREET ADDRESS **GENE PIGLI**
 CITY-ST-ZIP **140 PLYMOUTH R
 WEST PALM BEACH, FL 33417**

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: Irma R. Golfin, TREAS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2/5/08 Daytime Phone # (561) 640-4682

IRMA R. GOLFIN