FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 18 PM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N28096 (8)

1. Corporation Name

HAWTHORNE AT CENTURY VILLAGE CONDOMINIUM #I ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% PRIME MANAGEMENT 1051 S ROGERS CIR. BOCA RATON FL 33487-2816	% PRIME MANAGEMENT 1051 S ROGERS CIR. BOCA RATON FL 33487-2816

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/29/1988
3a. Date of Last Report: 04/15/1994
4. FEI Number: 59-2933882 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

SCHNITZER, STEVEN
% PRIME MANAGEMENT
1051 SOUTH ROGERS CIR.
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DS	1.1 TITLE	DS	☒ Change ☐ Addition
NAME	GLICKMAN, BEN	1.2 NAME	Glickman, Ben	
STREET ADDRESS	13001 SW 128 TERRACE	1.3 STREET ADDRESS	13001 S.W. 11th Ct A-211	
CITY-ST-ZIP	PEMBROKE PINES FL	1.4 CITY-ST-ZIP	Pembroke Pines FL 33027	
TITLE	PD	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	KIRSHEN, ROBERT	2.2 NAME	Kirshen, Robert	
STREET ADDRESS	1100 SW 130TH AVE	2.3 STREET ADDRESS	1100 SW 130 th Ave	
CITY-ST-ZIP	LAKE WORTH FL	2.4 CITY-ST-ZIP	Pembroke Pines FL 33027	
TITLE	D	3.1 TITLE	D	☒ Change ☐ Addition
NAME	GREENBERG, HARRY	3.2 NAME	Mildred Soloff	
STREET ADDRESS	131001 SW 11TH CT	3.3 STREET ADDRESS	13100 S.W. 11th Ct C-105	
CITY-ST-ZIP	PEMBROKE PINES FL	3.4 CITY-ST-ZIP	Pembroke Pines FL 33027	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	POLANSKY, ABRAHAM	4.2 NAME		
STREET ADDRESS	13101 S.W. 11TH COURT	4.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4-7-95 437 6103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

001B004