

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N06019 (6)

1. Corporation Name

NEW HAMPTON AT CENTURY VILLAGE CONDOMINIUM #III  
ASSOCIATION, INC.



Principal Place of Business

Mailing Address

13550 S.W. 10TH STREET  
PEMBROKE PINES FL 33027-8833

13550 S.W. 10TH STREET  
PEMBROKE PINES FL 33027-8833

3. Date Incorporated or Qualified

11/06/1984

3a. Date of Last Report

04/19/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2792849

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIS, CHARLES W..  
ENCORE MAINTENANCE AND MANAGEMENT  
13550 S.W. 10TH STREET  
PEMBROKE PINES FL 33027

81. Name

Charles W. Davis

82. Street Address (P.O. Box Number is Not Acceptable)

Arista mgmt Group South, Inc.

83. City

12289 Pembroke Rd Suite 106

84. City

Pembroke Pines

FL

85. Zip Code

33025

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

Charles W. Davis President

2-13-96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PRIVIN, REUBEN	
STREET ADDRESS	100 S.W. 132ND WAY	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HERMAN, GERTRUDE	
STREET ADDRESS	251 S.W. 134TH WAY	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	WAXMAN, GERTRUDE	
STREET ADDRESS	151 S.W. 134TH WAY	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	NADLER, ROS	
STREET ADDRESS	200 S.W. 132ND WAY	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	ALLER, PETER	
STREET ADDRESS	13350 S.W. 1ST STREET	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	SP	<input type="checkbox"/> DELETE
NAME	SYMONS, CY	
STREET ADDRESS	13300 SW 1ST ST.	
CITY-ST-ZIP	PEMBROKE PINES FL	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	VPD
53 STREET ADDRESS	Aller Peter
54 CITY-ST-ZIP	13350 SW 1st St Pembroke Pines, FL
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(k), 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:

Reuben Privin REUBEN PRIVIN PRES. 2/13/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

436-5888

CR2E037 (12/95)