FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT #

N38276

(4)

HAWTHORNE AT CENTURY VILLAGE CONDOMINIUM #II ASS

FILED Feb 06 1998 8:00am Secretary of State

OCIATION, INC.				
Principal Plac	ce of Business	Mailing Address		I INDRIVERN USAN INGRA KURIND FISSIS NADIR DIJAK UNDAK DIDIN DKORJA DIJAN EKURIN USAN
12280-PEMBRO SUITE 108 PEMBRONE PII US		12 289 PEMBROKE RD S uite 108 P embroke Pines PL 32025. US-		3. Date Incorporated or Qualified 05/23/1990 4. FEI Number Applied For 65-0246173 Not Applicable
21 Prim	Place of Business Ne Mamt	2a. Mailing Address 26 Prime MG1	mt	5. Certificate of Status Desired S8.75 Additional Fee Required
Suite, Apt. 22 9728		Suite, Apt. # Sc. 27 9738 PML	Blud_	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
	ibroke fines Fl	28 Cimbroll	PINE F	7. Is this nonprofit corporation a homeowners association?
Zip 33		29 33027 3	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name				
ADIOTA MONTE CONTENTO				
12289 PEMBROKE RD			82 Street	Address (P.O. Box Number is Not Acceptable)
C/O CHARLIE DAVIS			83	
PEMBROKE PINES FL-33025			84 City	85 Zip Code
			1111	FL ()
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 of Planted name of registered agent and tille if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
12.	Signature, typed of printed name of registered agent OFFICERS AND		egistered Agent signature	reculred when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP CATIONAL TO THE PARTY OF THE	DELETE	1,1 TITLE	Change Addition
NAME	AUSLANDER, HERMAN		1.2 NAME	
STREET ADDRESS	12900 S. W. 13TH STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL		1.4 CITY-ST-ZIP	
TITLE	D	DELETE	2.1 TITLE	Change Addition
NAME	NADEL, LOU		2.2 NAME	
STREET ADDRESS	12950 SW 13 ST		2.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL D	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	D Change M Addition
NAME	DASARO, GEORGE	- M Deceie		meruyn Levin
STREET ADDRESS	1300 SW 130TH AVE		3.3 STREET ADDRESS	1300 SW 130th QUE,
CITY-ST-ZIP	PEMBROKE PINES FL		3.4, CITY-ST-ZIP	Pembroke Anes Fl 33027
TITLE	T	☐ DELETE	4.1 TITLE	Change Addition
NAME	SCHULTZ, RON		4. 2 NAME	
STREET ADDRESS	1200 SW 130 AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	5.4 City-St-ZIP 6.1 Title	Change Addition
1,166		L DALLE	U.1 /IILE	C Overlife C Voortion

14. I hereby certify that the information supplied with this filling 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.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # page 7