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Feb 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N38276 (4) 1. Corporation Name HAWTHORNE AT CENTURY VILLAGE CONDOMINIUM #II ASSOCIATION, INC.			
Principal Place of Business 12289 PEMBROKE RD SUITE 100 PEMBROKE PINES FL 33025 US		Mailing Address 12289 PEMBROKE RD SUITE 100 PEMBROKE PINES FL 33025 US	
2. Principal Place of Business 21 Prime Mgmt Suite, Apt. #, etc. 22 9728 Pines Blvd City & State 23 Pembroke Pines Fl Zip 24 33027		2a. Mailing Address 26 Prime Mgmt Suite, Apt. #, etc. 27 9728 Pines Blvd City & State 28 Pembroke Pines, Fl Zip 29 33027	
9. Name and Address of Current Registered Agent ARISTA MGMT-SOUT, INC 12289 PEMBROKE RD C/O CHARLIE DAVIS PEMBROKE PINES FL 33025			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code			
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] Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE: 1-22-98			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
DP AUSLANDER, HERMAN 12900 S. W. 13TH STREET PEMBROKE PINES FL		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
D NADEL, LOU 12950 SW 13 ST PEMBROKE PINES FL		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
D BASARO, GEORGE 1300 SW 130TH AVE PEMBROKE PINES FL		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
T SCHULTZ, RON 1200 SW 130 AVE PEMBROKE PINES FL		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
DELETED		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
DELETED		Change Addition	
14. I hereby certify that the information supplied with this filing 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] REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E037 (10/97)