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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06933

1. Corporation Name

**KINGSLEY AT CENTURY VILLAGE CONDOMINIUM # 1 ASSO
CIATION, INC.**

Principal Place of Business

**PRIME MGT GROUP
9728 PINES BLVD
PEMBROKE PINES FL 33024
US**

Mailing Address

**PRIME MGMT GROUP
9728 PINES BLVD
PEMBROKE PINES FL 33024
US**

9 1 3 8 0 9 0 0 6 3 3 8



2. Principal Place of Business

21
Suite, Apt. #, etc.

22. City & State

23
Zip Country
24 **25**

2a. Mailing Address

26
Suite, Apt. #, etc.

27. City & State

28
Zip Country
29 **30**

3. Date Incorporated or Qualified

01/03/1985

4. FEI Number

59-2842385

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

9. Name and Address of Current Registered Agent

**SCHNITZER, STEVE
% PRIME MANAGEMENT GROUP
9728 PINES BLVD
PEMBROKE PINES FL 33024**

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 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VD** ☐ DELETE
NAME **FREEDMAN, JOYCE**
STREET ADDRESS **850 SW 133RD TERR**
CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE **D** ☒ DELETE
NAME **KERZNER, HERB**
STREET ADDRESS **13455 SW 9 CT J-308**
CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE **DP** ☐ DELETE
NAME **OLINSKY, BURT**
STREET ADDRESS **801 SW 133 TERRACE**
CITY-ST-ZIP **PEMBROKE PINE FL**

TITLE **TD** ☐ DELETE
NAME **GELFENBAUM, SAM**
STREET ADDRESS **13475 S.W. 9TH STREET**
CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)