

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28096

1. Entity Name

HAWTHORNE AT CENTURY VILLAGE CONDOMINIUM #1 ASSO

Principal Place of Business

Mailing Address

% PRIME MANAGEMENT  
9728 PINES BLVD  
PEMBROKE PINES FL 33024  
US

% PRIME MANAGEMENT  
9728 PINES BLVD  
PEMBROKE PINES FL 33024-6228  
US

2. Principal Place of Business

15951 SW 41 Street

3. Mailing Address

15951 SW 41 Street

Suite, Apt. #, etc.

Suite 150

Suite, Apt. #, etc.

Suite 150

City & State

DAVIE, FL

City & State

DAVIE, FL

Zip

33331

Country

Zip

33331

Country

4. FEI Number

59-2933332

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHNITZER, STEVEN  
% PRIME MANAGEMENT  
9728 PINES BLVD  
PEMBROKE PINES FL 33024

7. Name and Address of New Registered Agent

Name

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

15951 SW 41 Street. Suite 150

City

DAVIE

FL

Zip Code

33331

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE VP  
NAME GLICKMAN, BEN  
STREET ADDRESS 13001 SW 11TH COURT, A-211  
CITY-ST-ZIP PEMBROKE PINES FL ☐ Delete

TITLE PD  
NAME KIRSHEN, ROBERT  
STREET ADDRESS 1100 SW 130TH AVE.  
CITY-ST-ZIP PEMBROKE PINES FL ☐ Delete

TITLE D  
NAME BERMAN, HARRY  
STREET ADDRESS 13100 SW 11 CT, E-303  
CITY-ST-ZIP PEMBROKE PINES FL ☐ Delete

TITLE T  
NAME POLANSKY, ABRAHAM  
STREET ADDRESS 13101 S.W. 11TH COURT  
CITY-ST-ZIP PEMBROKE PINES FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Robert Kirshen*

Date

Daytime Phone #

1/14/2000 431-4782



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)