

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90140 010 \*\*\*\*61.25

**DOCUMENT # N06019**

1. Entity Name

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

Principal Place of Business

**12229 PEMBROKE RD  
PEMBROKE PINES FL 33025  
US**

Mailing Address

**12229 PEMBROKE RD  
PEMBROKE PINES FL 33025  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2792849**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVIS, CHARLES W  
ARISTA MGMT GROUP SOUTH, INC  
12229 PEMBROKE RD.  
PEMBROKE PINES FL 33025**

Name

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

City

**FL**

Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	WAXMAN, GERTRUDE	
STREET ADDRESS	151 SW 134TH WAY N-205	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	DV	<input type="checkbox"/> Delete
NAME	GREEN, ETHEL	
STREET ADDRESS	200 SW 132 WAY L-212	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	BOGRAD, MIKE	
STREET ADDRESS	100 SW 132 WAY K-308	
CITY-ST-ZIP	HOLLYWOOD FL 33027	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	GLICK, MIKE	
STREET ADDRESS	13300 SW 1ST O-211	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	D	<input type="checkbox"/> Delete
NAME	SALGADO, JOSEPH	
STREET ADDRESS	251 SW 134 WAY M-201	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WARMBRUN, DIANA	
STREET ADDRESS	13350 SW 1ST P-212	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	

TITLE	D/P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAXMAN, GERTRUDE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOGRAD, ARNOLD	
STREET ADDRESS	100 SW 132 WAY APT K-308	
CITY-ST-ZIP	PEMBROKE PINES, FL 33027	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Gertrude Waxman* Pres. Gertrude Waxman 1/28/2002 (954) 436-5888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)