

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90858 032 ****61.25

DOCUMENT # N28096

1. Entity Name

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

Principal Place of Business

Mailing Address

15951 SW 41 STREET
 SUITE 150
 DAVIE FL 33331
 US

15951 SW 41 STREET
 SUITE 150
 DAVIE FL 33331
 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

59-2933332

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

**SCHNITZER, STEVEN
 % PRIME MANAGEMENT
 15951 SW 41 STREET SUITE 150
 DAVIE FL 33331**

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

TITLE	VP	<input type="checkbox"/> Delete
NAME	GLICKMAN, BEN	
STREET ADDRESS	13001 SW 11TH COURT, A-211	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KIRSHEN, ROBERT	
STREET ADDRESS	1100 SW 130TH AVE.	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEISER, MITCHELL	
STREET ADDRESS	13100 SW 11TH COURT	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	T	<input type="checkbox"/> Delete
NAME	POLANSKY, ABRAHAM	
STREET ADDRESS	13101 S.W. 11TH COURT	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLICKMAN, BEN	
STREET ADDRESS	13001 SW 11 CT. PEMBROKE PINES	
CITY-ST-ZIP	FL 33027	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STORCH, JOAN	
STREET ADDRESS	1100 SW 130 AV. PEMBROKE PINES FL	
CITY-ST-ZIP	33027	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLANSKY, ABRAHAM	
STREET ADDRESS	13101 SW 11 CT.	
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 817, 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:

BEN GLICKMAN - PRESIDENT *Ben Glickman 3/2/02 944326030*

CR2E037 (9/01)