

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90019 031 \*\*\*\*61.25

**DOCUMENT # N06933**

1. Entity Name

**KINGSLEY AT CENTURY VILLAGE CONDOMINIUM # 1  
ASSOCIATION, INC.**



Principal Place of Business

**15951 SW 41 ST  
STE150  
DAVIE FL 33331  
US**

Mailing Address

**15951 SW 41 ST  
STE150  
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

**59-2842385**

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, STEVE  
% PRIME MANAGEMENT GROUP  
15951 SW 41 ST STE 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. I am familiar with, and accept the obligations of registered agent.

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  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VDT** ☐ Delete  
NAME **FREEDMAN, JOYCE**  
STREET ADDRESS **850 SW 133RD TERR**  
CITY-ST-ZIP **PEMBROKE PINES FL 33027**

TITLE **PD** ☐ Delete  
NAME **ALESSI, LINDA**  
STREET ADDRESS **13455 SW 9 CT**  
CITY-ST-ZIP **PEMBROKE PINES FL 33027**

TITLE **D** ☐ Delete  
NAME **LERNER, GERTRUDE**  
STREET ADDRESS **13475 SW 9 ST**  
CITY-ST-ZIP **PEMBROKE PINES FL 33027**

TITLE **S** ☒ Delete  
NAME **SCHIRTZER, BUTCH**  
STREET ADDRESS **801 SW 133 TERR**  
CITY-ST-ZIP **PEMBROKE PINES FL 33027**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE **SEC** ☐ Change ☒ Addition  
NAME **BURT OLINSKY**  
STREET ADDRESS **801 SW 133 TERR #K206**  
CITY-ST-ZIP **Pembroke Pines FL 33027**

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**2/3/04**  
**10/24/04**