

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

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

02-09-2004 90019 034 ****61.25

DOCUMENT # N38276

1.. Entity Name

**HAWTHORNE AT CENTURY VILLAGE CONDOMINIUM #II
ASSOCIATION, INC.**



Principal Place of Business

**PRIME MGMT
15951 SW 41 ST SUITE 150
DAVIE FL 33331
US**

Mailing Address

**PRIME MGMT
15951 SW 41 ST 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

65-0246173

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
C/O PRIME MGT
15951 SW 41 ST SUITE 150
PEMBROKE PINES FL 33024**

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	DP	<input type="checkbox"/> Delete
NAME	AUSLANDER, HERMAN	
STREET ADDRESS	12900 S. W. 13TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	TD WIESEN FELD	<input type="checkbox"/> Delete
NAME	WEISENFELD, RUTH	
STREET ADDRESS	12950 SW 13 ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	CHASIN, JEANITTE	
STREET ADDRESS	1300 SW 130 AVE #F214	
CITY-ST-ZIP	HOLLYWOOD FL 33027	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SCHULZ, REINHOLD	
STREET ADDRESS	1200 SW 130 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
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	1ST VP	HERMAN AUSLANDER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	P T	RUTH WIESEN FELD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	2nd VP	GEORGE DASARO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			
STREET ADDRESS		1300 SW 130 AVE #F406	
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:

Ruth Wiesenfeld
Ruth Wiesenfeld - Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/04

Date

954-431-3610

Daytime Phone #