

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

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

02-09-2004 90019 035 \*\*\*\*61.25

**DOCUMENT # N28096**

1. Entity Name

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



Principal Place of Business

**15951 SW 41 STREET  
SUITE 150  
DAVIE FL 33331  
US**

Mailing Address

**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. 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 PD  
NAME GLICKMAN, BEN ☐ Delete  
STREET ADDRESS 13001 SW 11 CT  
CITY-ST-ZIP PEMBROKE PINES FL 33027

TITLE D  
NAME GOODMAN, MARVIN ☐ Delete  
STREET ADDRESS 1100 SW 130 AVE, #405  
CITY-ST-ZIP PEMBROKE PINES FL 33027

TITLE D  
NAME LOEB, JOEL ☐ Delete  
STREET ADDRESS 13100 SW 11 CT, #C407  
CITY-ST-ZIP PEMBROKE PINES FL 33027

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

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 *President* ☐ Change ☐ Addition  
NAME *Ben*  
STREET ADDRESS  
CITY-ST-ZIP

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 ☐ 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

Daytime Phone #

*Ben Glickman 2/4/04 954 4326030*