
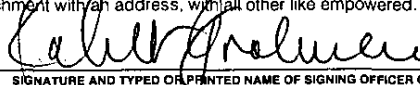


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90071 010 ****61.25

DOCUMENT # 746073 1. Entity Name EXETER AT CENTURY VILLAGE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487			Mailing Address 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GOOLMAN, ROBERT 4008 EXETER A BOCA RATON, FL 33434				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD GOOLMAN, ROBERT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS	4008-A EXTER		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33434		CITY-ST-ZIP		
TITLE	TD HAYMAN, EDITH <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS	3037 EXETER C		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33434		CITY-ST-ZIP		
TITLE	D LEVINE, RUTH <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS	1069 EXETER D		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33434		CITY-ST-ZIP		
TITLE	VD BLAUER, KLARE <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS	1023 EXETER B		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33434		CITY-ST-ZIP		
TITLE	D KAUFMAN, IRA <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS	3073 EXETER E		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33434		CITY-ST-ZIP		
TITLE	D FEROL, SABGHIR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS	3036 EXETER C		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33434		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)(j), 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: 			1/24/01 - 161-488-1337		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		