

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90040 020 ****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



1st MOORE

CR2E037 (10/04)

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, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete
NAME **GLICKMAN, BEN**
STREET ADDRESS **13001 SW 11 CT**
CITY-ST-ZIP **PEMBROKE PINES FL 33027**

TITLE **D** ☐ Change ☒ Addition
NAME **STAN FRIEDBERG**
STREET ADDRESS **13001 SW 11 CT # A109**
CITY-ST-ZIP **P. Pines FL 33027**

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

TITLE **S** ☒ Change ☐ Addition
NAME **MARVIN GOODMAN**
STREET ADDRESS **1100 SW 130 AVE # H405**
CITY-ST-ZIP **P. Pines FL 33027**

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

TITLE **P** ☒ Change ☐ Addition
NAME **JOEL LOEB**
STREET ADDRESS **13100 SW 11 CT #C407**
CITY-ST-ZIP **P. Pines FL 33027**

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

TITLE **VP, IT** ☒ Change ☐ Addition
NAME **ABRAHAM POLANSKY**
STREET ADDRESS **13101 SW 11 CT # B206**
CITY-ST-ZIP **P. Pines FL 33027**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/2/05

954 384 2410