## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## May 04, 2006 8:00 am DOCUMENT # N13307 Secretary of State 1. Entity Name 05-04-2006 90248 015 \*\*\*\*61.25 IVANHOE WEST AT CENTURY VILLAGE CONDOMINIUM II ASSOCIATION, INC. Principal Place of Business Mailing Address 15951 SW 41 STREET 15951 SW 41 STREET STE 150 DAVIE FL 33331 STE 150 DAVIE FL 33331 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State Applied For City & State 4. FEI Number 65-0035381 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHNITZER, STEVE 15951 SW 41 ST **STE 150** #101 **DAVIE FL 33331** 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Delete TITLE TITLE ☐ Change bae Santiago STRAUSS, TINY NAME NAME 6-101 1651 SW 135 TE 1551 S.W. 135TH TERRACE STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL CITY - ST - ZIP CITY-ST-ZIP ☐ Delete TITLE SLANSKY, MARVIN NAME NAME 1551 SW 135TH TERR STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33027 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TIDE ☐ Delete TITLE ☐ Change ■ Addition Now arro NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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** 

FILED

Daytime Phone #