

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90008 048 ****61.25

DOCUMENT # N06019 1. Entity Name NEW HAMPTON AT CENTURY VILLAGE CONDOMINIUM #III ASSOCIATION, INC.					
Principal Place of Business 13460 SW 10 STREET SUITE 101 PEMBROKE PINES, FL 33027 US			Mailing Address 13460 SW 10 STREET SUITE 101 PEMBROKE PINES, FL 33027 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2792849	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVIS, CHARLES W 13460 S.W. 10 ST. SUITE 101 PEMBROKE PINES, FL 33027			7. Name and Address of New Registered Agent Name CHARLIE OTTO ESQ. Street Address (P.O. Box Number is Not Acceptable) STRALEY & OTTO, P.A. 2699 Stirling Road, Suite C-207 FT. Lauderdale FL 33312		
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 CHARLES OTTO, ESQ., for STRALEY & OTTO, P.A. 1.11.08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT WAXMAN, GERTRUDE <input type="checkbox"/> Delete 151 SW 134TH WAY N-205 PEMBROKE PINES, FL 33027				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S GREEN, ETHEL <input type="checkbox"/> Delete 200 SW 132 WAY L-212 PEMBROKE PINES, FL 33027				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, LYDIA <input type="checkbox"/> Delete 100 SW 135 WAY D-111 PEMBROKE PINES, FL 33027				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERMAN, GERTUDE <input type="checkbox"/> Delete 251 SW 134 WAY M-311 PEMBROKE PINES, FL 33027				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARMBRUN, DIANA <input type="checkbox"/> Delete 13350 SW 1ST P-212 PEMBROKE PINES, FL 33027				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					