2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

a Sign

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

		NUAL REPUR	-			my or Su	
1. Entity Nan NEW HA	MENT # N06019 MPTON AT CENTURY VILL DCIATION, INC.	AGE CONDOMINIUM		0	2-18-2008	90008 048 ****61	25
13460 SW 1 SUITE 101 PEMBROKE	PINES, FL 33027 US	Mailing Address 13460 SW 10 STREET SUITE 101 PEMBROKE PINES, FL 330	027 US				
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12202007 (Chg-NP	CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-27928	49	<u> </u>	pplied For ot Applicable
Zip	Country	Zíp	Country	5. Certificate of		□ \$8.75 Ad	ditional
	6. Name and Address of Current	Registered Agent		7. Name and Ad	idress of New	Fee Require	90
DAVIE CI	HARLES W		Name CV	MANIE	<u> </u>	Esa.	
13460 S.V	V. 10 ST.		Street Addres		s Not Acceptat		
SUITE 101	1 KE PINES, FL 33027		01.90	PACEY + C	2 () -	1 0 1-	1 20-
Lindito	NET 114E0, 1 E 33021		City	STITLIN	H KOO	W. Suite	10 CO 1
9. The above	named entity submits this statement for		+1.4	-auderciali	<u> </u>	FF 333	12
the obliga	marico ordity sabrints this statement it	ir the purpose of changing its regi					
	tions of registered agent.		isitered office of regi	istered agent, or both, i	iii iile State Oi i	Tonga. Tam lamila with	, and accept
	tions of registered agent.	ES OTTO ESQ.					_
SIGNATURE	Signature, typed or printed name of registered agent	ES 0770 ESQ.,		ALEL/ + O-			_
SIGNATURE	CHARL	ES 0770 ESQ.,	S7R	ALEL/ + O-	rto, p.	A. J.11.0	<u> </u>
SIGNATURE	Signature, typed or printed name of registered agent Amended AR is \$61.25 OFFICERS AND DIF	es or to Esq., and table if applicable. (NOTE: Reg. 9. Election Campai Trust Fund Contr	S7R	ALELY 4 0 - puired when reinstating) \$5.00 May Be Added to Fees	TTO,P.	A . J · / l · C	to state
SIGNATURE	Signature, typed or printed name of registered agent Amended AR is \$61.25	es or to Esq., and table if applicable. (NOTE: Reg. 9. Election Campai Trust Fund Contr	stered Agent signature requirements from the sign Financing ribution.	ALELY 4 0 - puired when reinstating) \$5.00 May Be Added to Fees	TTO,P.	A	to state
SIGNATURE 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent Amended AR is \$61.25 OFFICERS AND DIE DPT WAXMAN, GERTRUDE 151 SW 134TH WAY N-205 PEMBROKE PINES, FL 33027 VP/S GREEN, ETHEL 200 SW 132 WAY L-212	es or to esq. and table if applicable. (NOTE: Reg 9. Election Campai Trust Fund Contr	ign Financing ribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	ALELY 4 0 - puired when reinstating) \$5.00 May Be Added to Fees	TTO,P.	Make check payable torida Department of SERS AND DIRECTORS IN	to state
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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 attackment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-S1-ZIP

TITLE

NAME

SIGNATURE:

PEMBROKE PINES, FL 33027

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Dutulal Wafus an SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Defete

Date

Daytime Phone #

☐ Change

Addition