

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-18-2008 90008 009 ****61.25

DOCUMENT # N28096

1. Entity Name
**HAWTHORNE AT CENTURY VILLAGE CONDOMINIUM #
ASSOCIATION, INC.**



Principal Place of Business
13460 SW 10TH STREET
SUITE 101
PEMBROKE PINES, FL 33027 US

Mailing Address
13460 SW 10TH STREET
SUITE 101
PEMBROKE PINES, FL 33027 US

40026618



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

10152007 Chg-NP CR2E037 (12/06)

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

DAVIS, CHARLES W
C/O PRIME MANAGEMENT
13460 SW 10 ST #1001
PEMBROKE PINES, FL 33027

Name **Charlie Otto, ESQ.**
Street Address (P.O. Box Number is Not Acceptable)
STRALEY + OTTO, P.A.
2699 Stirling Rd., Suite C-207
City **Ft. Lauderdale** FL Zip Code **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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

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 S ☐ Delete
NAME GOODMAN, MARVIN
STREET ADDRESS 1100 SW 130 AVE #H405
CITY-ST-ZIP PEMBROKE PINES, FL 33027

TITLE Vice President ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE VP ☒ Delete
NAME FRIEDBERG, STAN
STREET ADDRESS 13001 SW 11 COURT, A-109
CITY-ST-ZIP PEMBROKE PINES, FL 33027

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

TITLE D ☐ Delete
NAME REILLY, SHOAN
STREET ADDRESS 13101 SW 11 COURT B-309
CITY-ST-ZIP PEMBROKE PINES, FL 33027

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Secretary ☐ Change ☒ Addition
NAME Sheldon Priven
STREET ADDRESS 13001 SW 11 ct., A-409
CITY-ST-ZIP Pembroke Pines, FL 33027

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #