

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15003

FILED
Jan 16, 2009
Secretary of State

Entity Name: LANCASTER AT CENTURY VILLAGE CONDOMINIUM #1 ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2818018

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OTTO, ESQ, CHARLIE
STRACEY & OTTO, P.A
2699 STIRLING ROAD SUITE C-207
FORT LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

OTTO, ESQ, CHARLIE
2699 STIRLING RD
SUITE C-207
FORT LAUDERDALE, FL 33312 US

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.

SIGNATURE:

01/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LIGUORI, BOB
Address: 300 SW 130 TERR., B-315
City-St-Zip: PEMBROKE PINES, FL 33027

Title: T () Delete
Name: ALBANESE, LORRAINE
Address: 100 SW 130 TERRACE C-306
City-St-Zip: PEMBROKE PINES, FL 33027

Title: S () Delete
Name: HERSHMAN, ETHEL
Address: 500 SW 130 TERRACE A-102
City-St-Zip: PEMBROKE PINES, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOB LIGUORI

P

01/16/2009

Electronic Signature of Signing Officer or Director

Date