

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28096

FILED
Apr 08, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

PROGRESSIVE COMMUNITY MGMT-FT LAUDERDALE
549 SAWGRASS CORPORATE PKWY
SUNRISE, FL 33325 US

Current Mailing Address:

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

New Mailing Address:

PROGRESSIVE COMMUNITY MGMT-FT LAUDERDALE
549 SAWGRASS CORPORATE PKWY
SUNRISE, FL 33325 US

FEI Number: 59-2933332

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OTTO, CHARLIE ESQ
STRALEY 7 OTTO PA
2699 STIRLING RD STE C-207
FORT LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

PROGRESSIVE COMMUNITY MGMT-FT LAUDERDALE
549 SAWGRASS CORPORATE PKWY
SUNRISE, FL 33325 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: HELENIZE GOMES

04/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: GOODMAN, MARVIN
Address: 1100 SW 130 AVE #H405
City-St-Zip: PEMBROKE PINES, FL 33027

Title: PT () Delete
Name: LOEB, JOEL
Address: 13100 SW 11 CT, #C407
City-St-Zip: PEMBROKE PINES, FL 33027

Title: D () Delete
Name: REILLY, SHOAN
Address: 13101 SW 11 COURT B-309
City-St-Zip: PEMBROKE PINES, FL 33027

Title: S () Delete
Name: PRIVEN, SHELDON
Address: 13001 SW 11CT A-409
City-St-Zip: HOLLYWOOD, 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:

Title: S (X) Change () Addition
Name: ENGEL, MARILYN
Address: 13001 SW 11 CT A-306
City-St-Zip: PEMBROKE PINES, FL 33027

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: HELENIZE GOMES

D

04/08/2009

Electronic Signature of Signing Officer or Director

Date