#### I hereby certify that the information indicated on this report er ars oath; that I am an officer or director of the corporation or t above, or on an attachment with all other like empowered

#### SIGNATURE: TRUDY LERNER

Electronic Signature of Signing Officer/Director Detail

### DOCUMENT# N06933

Entity Name: KINGSLEY AT CENTURY VILLAGE CONDOMINIUM # I ASSOCIATION, INC.

## **Current Principal Place of Business:**

13460 SW 10TH STREET STE 101 PEMBROKE PINES, FL 33027

# **Current Mailing Address:**

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

## FEI Number: 59-2842385

## Name and Address of Current Registered Agent:

OTTO, CHARLIE ESQ 2699 STIRLIING RD STE C-207 FORT LAUDERDALE, FL 33312 US

Electronic Signature of Registered Agent

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.

#### **Officer/Director Detail :**

SIGNATURE:

Title	VP	Title	SECRETARY	
Name	FREEDMAN, JOYCE	Name	DONAHUE, ALICE	
Address	850 SW 133RD TERR, B-118	Address	801 SW 133 TERRACE, K-112	
City-State-Zip:	PEMBROKE PINES FL 33027	City-State-Zip:	PEMBROKE PINES FL 33027	
Title	PRESIDENT	Title	TREASURER	
Title Name	PRESIDENT LERNER, TRUDY	Title Name	TREASURER GILDE, CLAUDIA	
Name	LERNER, TRUDY 1347 SW 9TH STREET A-401	Name	GILDE, CLAUDIA 13455 SW 9TH ST, J-101	

ort or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made un the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name app	
d.	

PRESIDENT

Certificate of Status Desired: No

FILED Jan 28, 2013 Secretary of State CC6961639684

01/28/2013

Date