
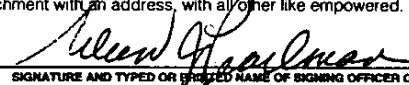


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90118 012 ****61.25

DOCUMENT # 732136 1. Entity Name CAMDEN ASSOCIATION AT CENTURY VILLAGE, INC.					
Principal Place of Business 230 CAMDEN J WEST PALM BEACH, FL 33417-2009			Mailing Address 230 CAMDEN J WEST PALM BEACH, FL 33417-2009		
2. Principal Place of Business 231 CAMDEN J Suite, Apt. #, etc.		3. Mailing Address 231 CAMDEN J Suite, Apt. #, etc.			
City & State West Palm Beach, FLA		City & State West Palm Beach, FLA		4. FEI Number NOT APPLICABLE	
Zip 33417		Country Palm Beach		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PEARLMAN, EILEEN J 230 CAMDEN J WEST PALM BEACH, FL 33417				7. Name and Address of New Registered Agent Name Pearlman Eileen J Street Address (P.O. Box Number is Not Acceptable) 231 CAMDEN J City West Palm Beach FL Zip Code 33417	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	VP SHIRLEY, BESSEL <input type="checkbox"/> Delete 54 CAMDEN C WEST PALM BEACH, FL 334172009		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SILVERMAN, TED <input type="checkbox"/> Delete 365 CAMDEN P WEST PALM BEACH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PEARLMAN, EILEEN <input type="checkbox"/> Delete 231 CAMDEN J WEST PALM BEACH, FL 33417		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PEARLMAN, EILEEN <input type="checkbox"/> Delete CAMDEN J-231 WEST PALM BEACH, FL 33417		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			Date 3/11/05		

50026439



01142005 Chg-NP CR2E037 (10/03)