


2006 NOT-FOR-PROFIT CORPORATION

FILED
Jul 19, 2006 8:00 am
Secretary of State

07-19-2006 90001 008 ****61.25

DOCUMENT # 732136 1. Entity Name CAMDEN ASSOCIATION AT CENTURY VILLAGE, INC.	
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Principal Place of Business 231 CANDON J WEST PALM BEACH, FL 33417	Mailing Address 231 CANDON J WEST PALM BEACH, FL 33417
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2. Principal Place of Business 186 CAMDEN H Suite, Apt. #, etc.	3. Mailing Address 186 CAMDEN H Suite, Apt. #, etc.
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City & State W. Palm Beach, FL. Zip 33417	Country USA	City & State W. Palm Beach, FL. Zip 33417	Country USA
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6. Name and Address of Current Registered Agent PEARLMAN, EILEEN J 231 CAMDEN J WEST PALM BEACH, FL 33417	7. Name and Address of New Registered Agent Name DARRIGAN, LESLIE R. Street Address (P.O. Box Number is Not Acceptable) 186 CAMDEN H City WEST PALM BEACH FL Zip Code 33417
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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 <i>R. Leslie Darrigan</i> Signature, typed or printed name of registered agent and title (applicable) (NOTE: Registered Agent signature required when reinstating)	DATE 7/14/06
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Filing Fee is \$61.25 Due by September 6, 2006	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP SHIRLEY, BESSEL 54 CAMDEN C WEST PALM BEACH, FL 334172009	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TREASURER DARRIGAN, LESLIE R. 186 CAMDEN H W. Palm Beach, FL, 33417	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD SILVERMAN, TED 365 CAMDEN P WEST PALM BEACH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP SECRETARY DARRIGAN, LESLIE R. 186 CAMDEN H W. Palm Beach, FL, 33417	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP STD PEARLMAN, EILEEN 231 CAMDEN J WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP SD PEARLMAN, EILEEN CAMDEN J-231 WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP (Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP (Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP (Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP (Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Theodore Silverman</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: 7/14/06 DATE	DAYTIME PHONE: 561-686-7494 DAYTIME PHONE #
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