2007 NOT-FOR-PROFIT CORPORATION

Feb 16, 2007 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT #746060** 02-16-2007 90033 047 ****61.25 AINSLIE AT CENTURY VILLAGE CONDOMINIUM ASSOCIATION, INC. Principal Place of Business 40019028 Mailing Address 4040 AINSLIE C AINSLIE A 5000 BOCA RATON, FL 33434 BOCA RATON, FL 33434 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01152007 Cha-NP CR2E037 (12/06) City & State City & State 4. FEt Number 59-2116464 Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EPSTEIN, RITA Street Address (P.O. Box Number is Not Acceptable) 4040 AINSLIÈ C BOCA RATON, FL 33434 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution Added to Fees Florida Department of State Due by May 1, 2007 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Addition EPSTEIN, MARVIN NAME STREET ADDRESS 4040 AINLSLIE C STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33434 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME EPSTEIN, RITA STREET ADDRESS 4040 AINSLIE C STREET ADDRESS CITY-ST-2IP BOCA RATON, FL 33434 CITY-ST-ZIP TITLE Delete TITLE ■ Addition VD ADLER, DAVID NAME NAME STREET ADDRESS 3013 AINSLIE A STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33434 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition TERRY, LISA NAME NAME STREET ADDRESS 3029 AINSLIE B STREET ADDRESS BOCA RATON, FL 33434 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition GITTLER, ABRAHAM NAME NAME STREET ADDRESS 4064 AINSLE D STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33434 ☐ Delete TITLE TITLE **X** 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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

ITA EPSTE SIGNATURE AND TYPED DRIPRINTED NAME OF SIGN

FL.

DSCAR LARSON 2060 AINSLIE D

BOCA RATON

Daytime Phone #

Change

33434

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