

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2008 8:00 am**  
**Secretary of State**

02-08-2008 90036 011 \*\*\*\*61.25

<b>DOCUMENT # 746060</b>					
<b>1. Entity Name</b> AINSIE AT CENTURY VILLAGE CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> AINSIE A 5000 BOCA RATON, FL 33434			<b>Mailing Address</b> 4040 AINSIE C BOCA RATON, FL 33434 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 4064 AINSIE D		<b>3. Mailing Address</b> 4064 AINSIE D			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> BOCA RATON FL		<b>City &amp; State</b> BOCA RATON FL		<b>4. FEI Number</b> 59-2116464	
<b>Zip</b> 33434		<b>Country</b> PALM BEACH		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> EPSTEIN, RITA 4040 AINSIE C BOCA RATON, FL 33434			<b>7. Name and Address of New Registered Agent</b> Name: ABRAHAM GITTLER Street Address (P.O. Box Number is Not Acceptable): 4064 AINSIE D City: BOCA RATON FL Zip Code: 33434		
<b>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.</b> SIGNATURE:					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> D <b>NAME</b> EPSTEIN, MARVIN <b>STREET ADDRESS</b> 4040 AINSIE C <b>CITY-ST-ZIP</b> BOCA RATON, FL 33434	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b> TD <b>STREET ADDRESS</b> SIDNEY M. SCHUCHMAN <b>CITY-ST-ZIP</b> 1004 AINSIE A BOCA RATON, FL 33434	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> EPSTEIN, RITA <b>STREET ADDRESS</b> 4040 AINSIE C <b>CITY-ST-ZIP</b> BOCA RATON, FL 33434	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> S <b>NAME</b> MARLENE SCHERR <b>STREET ADDRESS</b> 4048 AINSIE C <b>CITY-ST-ZIP</b> BOCA RATON, FL 33434	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> VD <b>NAME</b> ADLER, DAVID <b>STREET ADDRESS</b> 3013 AINSIE A <b>CITY-ST-ZIP</b> BOCA RATON, FL 33434	<input type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> GITTLER, ABRAHAM <b>STREET ADDRESS</b> 4064 AINSIE D <b>CITY-ST-ZIP</b> BOCA RATON, FL 33434	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> TERRY, LISA <b>STREET ADDRESS</b> 3029 AINSIE B <b>CITY-ST-ZIP</b> BOCA RATON, FL 33434	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> LOUIS CALDERON <b>STREET ADDRESS</b> 2041 AINSIE C <b>CITY-ST-ZIP</b> BOCA RATON, FL 33434	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> VD <b>NAME</b> GITTLER, ABRAHAM <b>STREET ADDRESS</b> 4064 AINSIE D <b>CITY-ST-ZIP</b> BOCA RATON, FL 33434	<input type="checkbox"/> Delete				
<b>TITLE</b> D <b>NAME</b> LARSON, OSCAR <b>STREET ADDRESS</b> 2060 AINSIE D <b>CITY-ST-ZIP</b> BOCA RATON, FL 33434	<input checked="" type="checkbox"/> Delete				
<b>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.</b>					
<b>SIGNATURE:</b>			Date: 2/5/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		