
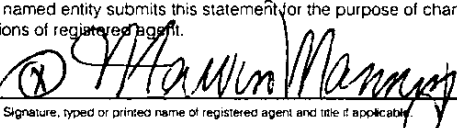
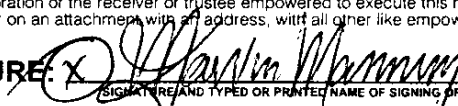


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90023 015 ****61.25

DOCUMENT # 770380 1. Entity Name YARMOUTH AT CENTURY VILLAGE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business YARMOUTH D 3073 BOCA RATON, FL 33434			Mailing Address % PRIME 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2539869	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SWATT, MYRON 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487			Name MARVIN MANNING Street Address (P.O. Box Number is Not Acceptable) 3073 YARMOUTH E City BOCA RATON, FL Zip Code 33434		
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  (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2007		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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MANNING, MARVIN		NAME		
STREET ADDRESS	3073 YARMOUTH E		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33434		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SARENLI, ROBERT		NAME		
STREET ADDRESS	1089 YARMOUTH E		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ARANOW, DAVID		NAME	SHEILA GOODMAN	
STREET ADDRESS	1016 YARMOUTH A		STREET ADDRESS	3057 YARMOUTH C	
CITY-ST-ZIP	BOCA RATON, FL 33434		CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MINTZ, LARRY		NAME		
STREET ADDRESS	3035 YARMOUTH B		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GOODMAN, SHEILA		NAME	HERMAN FELDMAN	
STREET ADDRESS	3059 YARMOUTH C		STREET ADDRESS	1011 YARMOUTH A	
CITY-ST-ZIP	BOCA RATON, FL 33434		CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			Date: 1/26/07 Daytime Phone #: 561-984-5025		