

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04985

FILED  
Jan 05, 2009  
Secretary of State

**Entity Name:** NEW HAMPTON AT CENTURY VILLAGE CONDOMINIUM # 1 ASSOCIATION, INC.

**Current Principal Place of Business:**

MIELE BROTHERS MANAGEMENT  
2045 SW 127TH AVE.  
DAVIE, FL 33325 US

**New Principal Place of Business:**

**Current Mailing Address:**

MIELE BROTHERS MANAGEMENT  
2045 SW 127TH AVE.  
DAVIE, FL 33325 US

**New Mailing Address:**

**FEI Number:** 59-2553213      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MIELE BROTHERS MANAGEMENT  
2045 SW 127TH AVE.  
DAVIE, FL 33325 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FEILER, BERNARD  
Address: 2045 SW 127 AVE  
City-St-Zip: DAVIE, FL 33325

Title: VD ( ) Delete  
Name: VELAZQUEZ, THOMAS  
Address: 2045 SW 127 AVE  
City-St-Zip: DAVIE, FL 33325

Title: SD ( ) Delete  
Name: STERA, RACHAEL  
Address: 2045 SW 127 AVE  
City-St-Zip: DAVIE, FL 33325

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: THOMPSON, THERESA  
Address: 2045 SW 127 AVE  
City-St-Zip: DAVIE, FL 33325

Title: D ( ) Change (X) Addition  
Name: GOLDBERG, JACK  
Address: 2045 SW 127 AVE.  
City-St-Zip: DAVIE, FL 33023

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BERNARD FIELER

PD

01/05/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date