

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04985

**FILED**  
**Feb 03, 2010**  
**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:**

PROGRESSIVE COMMUNITY MANAGEMENT-FT L  
549 SAWGRASS CORPORATE PARKWAY  
SUNRISE, FL 33325 US

**Current Mailing Address:**

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

**New Mailing Address:**

PROGRESSIVE COMMUNITY MANAGEMENT-FT L  
549 SAWGRASS CORPORATE PARKWAY  
SUNRISE, FL 33325 US

**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:**

PROGRESSIVE COMMUNITY MANAGEMENT-FT L  
549 SAWGRASS CORPORATE PARKWAY  
SUNRISE, FL 33325 US

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: HELEN GOMES

02/03/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: FEILER, BERNARD  
Address: 13450 SW 3 ST., #D118  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: PT  
Name: VELAZQUEZ, THOMAS  
Address: 13550 SW 6 CT., #A301  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: SD  
Name: THOMPSON, THERESA  
Address: 301 SW 135 AVE., #C418  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: D  
Name: DELGADO, PEDRO  
Address: 551 SW 135 AVE #B118  
City-St-Zip: PEMBROKE PINES, FL 33027

I hereby 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 all other like empowered.

SIGNATURE: HELEN GOMES

MGR

02/03/2010

Electronic Signature of Signing Officer or Director

Date