

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04985

FILED  
Feb 17, 2011  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

PROGRESSIVE COMMUNITY MANAGEMENT-FT L  
549 SAWGRASS CORPORATE PARKWAY  
SUNRISE, 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:**

PROGRESSIVE COMMUNITY MANAGEMENT-FT L  
549 SAWGRASS CORPORATE PARKWAY  
SUNRISE, 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: VP  
Name: POWER, RAMON  
Address: 13450 SW 3 ST., #D318  
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

02/17/2011

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

\_\_\_\_\_  
Date