

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90240 047 ****61.25

DOCUMENT # N06017

1. Entity Name

**NEW HAMPTON AT CENTURY VILLAGE CONDOMINIUM
#II ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

13460 SW 10 STREET
SUITE 101
PEMBROKE PINES FL 33027
US

13460 SW 10 STREET
SUITE 101
PEMBROKE PINES FL 33027
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2766916

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, CHARLES W.
13460 SW 10TH ST
STE 101
PEMBROKE PINES FL 33027

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Charles W. Davis

Charles W. Davis, General Manager

2-2-06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 PTD ☐ Delete
NAME KOLMAN, GENEVA
STREET ADDRESS 300 SW 134 WAY E-413
CITY-ST-ZIP PEMBROKE PINES FL 33027

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DV ☒ Delete
NAME GLAUBER, PHILIP
STREET ADDRESS 400 SW 134 WAY
CITY-ST-ZIP PEMBROKE PINES FL 33027

TITLE ☐ Change ☐ Addition
NAME Ann Barlow
STREET ADDRESS 400 SW 134 WAY F-214
CITY-ST-ZIP Pembroke Pines, FL 33027

TITLE DV ☐ Delete
NAME SCHRIEBER, GERI
STREET ADDRESS 13250 SW 4 COURT G-417
CITY-ST-ZIP PEMBROKE PINES FL 33027

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DS ☐ Delete
NAME ZUSMER, CHARLOTTE
STREET ADDRESS 251 SW 132 WAY H-418
CITY-ST-ZIP PEMBROKE PINES FL 33027

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PT ☒ Delete
NAME KOLMAN, GENEVA
STREET ADDRESS 300 SW 134 WAY, #E-413
CITY-ST-ZIP PEMBROKE PINES FL 33027

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☒ Delete
NAME LITTLE, MANDY
STREET ADDRESS 101 SW 132 WAY J-412
CITY-ST-ZIP PEMBROKE PINES FL 33027

TITLE ☐ Change ☐ Addition
NAME Sylvia Jancko
STREET ADDRESS 101 SW 132 way J-201
CITY-ST-ZIP Pembroke Pines, FL 33027

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Geneva S. Kolman *Pres Geneva S. Kolman*

4-19-06

954-435-5425