

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06017

FILED
Jan 05, 2009
Secretary of State

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

Current Principal Place of Business:

MIELE BROTHERS MGT
2045 SW 127 AVE
DAVIE, FL 33325 US

New Principal Place of Business:

Current Mailing Address:

MIELE BROTHERS MGT
2045 SW 127 AVE
DAVIE, FL 33325 US

New Mailing Address:

FEI Number: 59-2766916

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIELE BROTHERS MANAGEMENT
2045 SW 127 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: PTD () Delete
Name: KOLMAN, GENEVA
Address: 300 SW 134 WAY E-413
City-St-Zip: PEMBROKE PINES, FL 33027

Title: D () Delete
Name: BARLOW, ANN
Address: 400 SW 134 WAY F-214
City-St-Zip: PEMBROKE PINES, FL 33027

Title: DV () Delete
Name: SCHRIEBER, GERI
Address: 13250 SW 4 COURT G-417
City-St-Zip: PEMBROKE PINES, FL 33027

Title: DS () Delete
Name: ZUSMER, CHARLOTTE
Address: 251 SW 132 WAY H-418
City-St-Zip: PEMBROKE PINES, FL 33027

Title: D () Delete
Name: JANCKO, SYLVIA
Address: 101 SW 132 WAY J-201
City-St-Zip: HOLLYWOOD, FL 33027

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: GUERRA, NELY
Address: 13250 SW 4 COURT G-217
City-St-Zip: PEMBROKE PINES, FL 33027

Title: D (X) Change () Addition
Name: ZUSMER, CHARLOTTE
Address: 251 SW 132 WAY H-418
City-St-Zip: PEMBROKE PINES, FL 33027

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

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: GENEVA KOLMAN

PTD

01/05/2009

Electronic Signature of Signing Officer or Director

Date