


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-04-2006 90248 008 \*\*\*\*61.25

<b>DOCUMENT # N06021</b> 1. Entity Name <b>NEW HAMPTON AT CENTURY VILLAGE CONDOMINIUM #IV ASSOCIATION, INC.</b>					
Principal Place of Business <b>% PRIME MANAGEMENT 15951 SW 41ST ST STE # 150 DAVIE, FL 33331 US</b>			Mailing Address <b>% PRIME MANAGEMENT 15951 SW 41ST ST STE # 150 DAVIE, FL 33331 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
04062006		Chg-NP		CR2E037 (11/05)	
4. FEI Number <b>59-2812675</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SCHINTER, STEVE PRIME MGT. GROUP INC. 15951 SW 41ST ST STE # 150 DAVIE, FL 33331</b>			Name: <b>CHARLES DAVIS</b> Street Address (P.O. Box Number is Not Acceptable): <b>13460 SW 104th St</b> Suite: <b>101</b> City: <b>PEMBROKE PINES</b> FL <b>33027</b>		
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: <u><i>Charles W Davis</i></u> <b>GENERAL MGR</b> <b>4/26/06</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PRUCE, ROSA</b> <b>150 SW 134TH WAY</b> <b>PEMBROKE PINES, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>RICHMAN, MARION</b> <b>151 SW 135 TERR #T101</b> <b>PEMBROKE PINES, FL 33027</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>FRANKEL, HELEN</b> <b>13455 SW 3RD ST</b> <b>PEMBROKE PINES, FL 33027</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WEISBERG, ADELE</b> <b>13500 SW 1 ST. #1402</b> <b>P. PINES, FL 33027</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> <u><i>Rosa Puce</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date				Daytime Phone #	

**50018596**

