

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90002 010 ****61.25

DOCUMENT # N06021 1. Entity Name NEW HAMPTON AT CENTURY VILLAGE CONDOMINIUM #IV ASSOCIATION, INC.			
Principal Place of Business % PRIME MANAGEMENT 15951 SW 41ST ST STE # 150 DAVIE, FL 33331 US		Mailing Address % PRIME MANAGEMENT 15951 SW 41ST ST STE # 150 DAVIE, FL 33331 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Miele Brothers Mgt. 2045 SW 127 Ave.		3. Mailing Address Suite, Apt. #, etc. Miele Brothers Mgt. 2045 SW 127 Ave.	
City & State Davie, FL		City & State Davie, FL	
Zip 33325	Country USA	Zip 33325	Country USA
4. FEI Number 59-2812675		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVIS, CHARLES 13460 SW 10TH ST SUITE 101 PEMBROKE PINES, FL 33027		7. Name and Address of New Registered Agent Name: Miele Brothers Management Street Address (P.O. Box Number is Not Acceptable): 2045 SW 127 Ave. City: Davie FL Zip Code: 33325	
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>Debra C. McGarvey, LCAM</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE: <u>2/20/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	P PRUCE, ROSA 150 SW 134TH WAY PEMBROKE PINES, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Liske, Silvia 2045 SW 127 Ave. Davie, FL 33325 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RICHMAN, MARION 151 SW 135 TERR #T101 PEMBROKE PINES, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Richman, Marion 2045 SW 127 Ave. Davie, FL 33325 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FRANKEL, HELEN 13455 SW 3RD ST PEMBROKE PINES, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Frankel, Helene 2045 SW 127 Ave. Davie, FL 33325 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEISBERG, ADELE 13500 SW 1 ST. #1402 P. PINES, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Weisberg, Adele 2045 SW 127 Ave. Davie, FL 33325 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE: <u>Debra C. McGarvey, LCAM</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <u>2/1/07</u> <u>954-473-6285</u> <small>Date Daytime Phone #</small>	

Debra C. McGarvey