FEE NOW: FILING FEE AFTER MAY 1 IS $155.00

APPROVED AND FILED

95 APR 20 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06933 (8)

1. Corporation Name

KINGSLEY AT CENTURY VILLAGE CONDOMINIUM # I ASSOCIATION, INC.

Principal Place of Business	Mailing Address
13460 S.W. 10TH STREET ADMINISTRATION BLDG., CENTURY VILLAGE PEMBROKE PINES FL 33027-1633	13460 S.W. 10TH STREET ADMINISTRATION BLDG., CENTURY VILLAGE PEMBROKE PINES FL 33027-1633

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/03/1985
3a. Date of Last Report: 04/12/1994
4. FEI Number: 59-2842385 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

SCHNITZER, STEVE
% PRIME MANAGEMENT GROUP
1051 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	1.1 TITLE	☒ Change ☐ Addition
NAME	FREEMAN, ARNIE	1.2 NAME	FREEMAN JOYCE
STREET ADDRESS	850 SE 133 TERRACE	1.3 STREET ADDRESS	850 SW 133RD TERR
CITY-ST-ZIP	PEMBROKE PINE FL	1.4 CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	KERZNER, HERB	2.2 NAME	
STREET ADDRESS	13455 S.W. 9TH CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	OLINSKY, BURT	3.2 NAME	
STREET ADDRESS	801 SW 133 TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINE FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	GELFENBAUM, SAM	4.2 NAME	
STREET ADDRESS	13475 S.W. 9TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

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