

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N06933 (8)

1. Corporation Name

KINGSLEY AT CENTURY VILLAGE CONDOMINIUM # 1 ASSO
CIATION, INC.



Principal Place of Business

Mailing Address

12460 S.W. 10TH STREET
ADMINISTRATION BLDG. CENTURY VILLAGE
PEMBROKE PINES FL 33027-1833

19400 S.W. 10TH STREET
ADMINISTRATION BLDG. CENTURY VILLAGE
PEMBROKE PINES FL 33027-1833

3. Date Incorporated or Qualified
01/03/1985

3a. Date of Last Report
05/22/1996

2. Principal Place of Business

2a. Mailing Address

21 Prime Mgmt Group

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 9728 Pines Blvd

27 SAME

City & State

City & State

23 Pembroke Pines

28

Zip

Country

Zip

Country

24 33024

25 Broward

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHNITZER, STEVE
% PRIME MANAGEMENT GROUP
1064 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487

81 Name

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

83 9728 Pines Blvd

84 Pembroke Pines FL 85 33024

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature of the registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD ☐ DELETE
NAME FREEDMAN, JOYCE
STREET ADDRESS 850 SW 133RD TERR
CITY-ST-ZIP PEMBROKE PINES FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME ALTOBELLO, JIM
STREET ADDRESS 13455 S.W. 9TH ST
CITY-ST-ZIP PEMBROKE PINES FL

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME Herb Kerzner - D
2.3 STREET ADDRESS 13455 S.W. 9th St
2.4 CITY-ST-ZIP Pembroke Pines, FL

TITLE DP ☐ DELETE
NAME OLINSKY, BURT
STREET ADDRESS 801 SW 133 TERRACE
CITY-ST-ZIP PEMBROKE PINE FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD ☐ DELETE
NAME GELFENBAUM, SAM
STREET ADDRESS 13475 S.W. 9TH STREET
CITY-ST-ZIP PEMBROKE PINES FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0024039

CR2E037 (9/96)