

FILE NOW: FILING FEE IS \$61.25

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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N06933** (8)
1. Corporation Name
**KINGSLEY AT CENTURY VILLAGE CONDOMINIUM # 1 ASSO
CIATION, INC.**



Principal Place of Business PRIME MGT GROUP 9728 PINES BLVD PEMBROKE PINES FL 33024 US		Mailing Address PRIME MGT GROUP 9728 PINES BLVD PEMBROKE PINES FL 33024 US		3. Date Incorporated or Qualified 01/03/1985
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 59-2842385
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		Applied For ☐ Not Applicable
City & State 23		City & State 28		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
Country 29		Country 30		7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No
9. Name and Address of Current Registered Agent SCHNITZER, STEVE % PRIME MANAGEMENT GROUP 9728 PINES BLVD PEMBROKE PINES FL 33024		10. Name and Address of New Registered Agent		
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)		
83.		84. City		
85. Zip Code		FL		
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 AB		DATE 1/20/98		
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 NAME STREET ADDRESS CITY - ST - ZIP	VD FREEDMAN, JOYCE 850 SW 133RD TERR PEMBROKE PINES FL ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KERZNER, HERB 13455 SW 9 CT J-308 PEMBROKE PINES FL ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP OLINSKY, BURT 801 SW 133 TERRACE PEMBROKE PINE FL ☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GELFENBAUM, SAM 13475 S.W. 9TH STREET PEMBROKE PINES FL ☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.07(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 REQUIRED

CR2E037 (10/97)