2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State
01-24-2000 90060 033 ****61.25

DOCUMENT # N06933

1. Entity Name

KINGSLEY AT CENTURY VILLAGE CONDOMINIUM # I ASSO

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
PRIME MGT GROUP ~~9728 PINES BLVD~~ ~~PEMBROKE PINES FL 33024~~ US	PRIME MGMT GROUP ~~9728 PINES BLVD~~ ~~PEMBROKE PINES FL 33024-6228~~ US
2. Principal Place of Business 15951 SW 41 Street	3. Mailing Address 15951 SW 41 Street
Suite, Apt. #, etc. Suite 150	Suite, Apt. #, etc. Suite 150
City & State Dawie, FL	City & State Dawie, FL
Zip 33331 Country	Zip 33331 Country

4. FEI Number 59-2842385 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHNITZER, STEVE % PRIME MANAGEMENT GROUP ~~9728 PINES BLVD~~ ~~PEMBROKE PINES FL 33024~~	Name Street Address (P.O. Box Number is Not Acceptable) 15951 SW 41 Street suite 150 City Dawie FL Zip Code 33331

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.

SIGNATURE _____ 1-13-2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VD~~ VP/D FREEDMAN, JOYCE 850 SW 133RD TERR PEMBROKE PINES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DP~~ P/D OLINSKY, BURT 801 SW 133 TERRACE PEMBROKE PINE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GELFENBAUM, SAM 13475 S.W. 9TH STREET PEMBROKE PINES FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D LINDA Alessi 13455 SW 9th CT J #413 Pembroke Pines, FL 33027	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D mimi Abromowitz 13475 SW 9th ST A #210 Pembroke Pines, FL 33027	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I 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 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: _____ 1/14/00 954 435-6058
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #