

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90001 044 ****61.25

DOCUMENT # N06933

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

Principal Place of Business 15951 SW 41 ST STE150 DAVIE FL 33331 US	Mailing Address 15951 SW 41 ST STE150 DAVIE FL 33331 US
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2842385	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	
7. Name and Address of New Registered Agent	
Name SCHNITZER, STEVE	
Street Address (P.O. Box Number is Not Acceptable) % PRIME MANAGEMENT GROUP	
15951 SW 41 ST STE 150	
DAVIE FL 33331	
City FL	Zip Code

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FREEDMAN, JOYCE 850 SW 133RD TERR PEMBROKE PINES FL	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D APSEL, MORRIS 13475 SW 9 ST PEMBROKE PINES F; 33027	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GANZELL, MARILYN 801 SW 133 TERRACE PEMBROKE PINES FL 33027	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALESSI, LINDA 13455 SW 9TH CT J#413 PEMBROKE FL 33027	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDT FREEDMAN, JOYCE 850 SW 133 TERR PEMBROKE PINES, FL 33027		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LERNER, GERTRUDE 13475 SW 9 ST, PEMBROKE PINES FL 33027		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHIRTZER, BUTCH 801 SW 133 TERR PEMBROKE PINES, FL 33027		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALESSI, LINDA 13455 SW 9 CT. PEMBROKE PINES, FL 33027		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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. **J. PRESIDENT**

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** **3-13-02** **954-431-5525**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)