

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90040 022 ****61.25

DOCUMENT # N06933			
1. Entity Name KINGSLEY AT CENTURY VILLAGE CONDOMINIUM # I ASSOCIATION, 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	Zip	Country



1st MOORE CR2E037 (10/04)

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 SCHNITZER, STEVE % PRIME MANAGEMENT GROUP 15951 SW 41 ST STE 150 DAVIE FL 33331			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE <input checked="" type="checkbox"/>	VDT FREEDMAN, JOYCE 850 SW 133RD TERR PEMBROKE PINES FL 33027	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/>	Joyce FREEDMAN 850 SW 133 TERR # B118 P.Pines FL 33027	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input checked="" type="checkbox"/>	PD ALESSI, LINDA 13455 SW 9 CT PEMBROKE PINES FL 33027	<input checked="" type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/>	SALLY ROBINSON 13475 SW 9 ST. # A414 P.Pines FL 33027	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <input checked="" type="checkbox"/>	D LERNER, GERTRUDE 13475 SW 9 ST PEMBROKE PINES FL 33027	<input checked="" type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/>	ANN SLOWE 13455 SW 9 CT # J201 P.Pines FL 33027	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <input checked="" type="checkbox"/>	S OLINSKY, BURT 801 SW 133 TERRACE, #K206 PEMBROKE PINES FL 33027	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/>	BURT OLINSKY 801 SW 133 TERR # K206 P.Pines FL 33027	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/>		<input type="checkbox"/> Delete	TITLE <input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/>		<input type="checkbox"/> Delete	TITLE <input type="checkbox"/>		<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.

SIGNATURE: *[Signature]* **BURT OLINSKY** 2/9/05 954 384 2410

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #