

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90240 050 ****61.25

DOCUMENT # N06933

1. Entity Name

**KINGSLEY AT CENTURY VILLAGE CONDOMINIUM # 1
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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

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

**SCHNITZER, STEVE
% PRIME MANAGEMENT GROUP
15951 SW 41 ST STE 150
DAVIE FL 33331**

7. Name and Address of New Registered Agent

Name **Charles W. Davis**

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

**c/o Prime Management
13460 SW 10th Ste 101**

City **Pembroke Pines**

FL

Zip Code **33027**

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

Charles W Davis

R-A General Manager

3/28/06

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
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **V** ☐ Delete
NAME **FREEDMAN, JOYCE**
STREET ADDRESS **850 SW 133RD TERR**
CITY-ST-ZIP **PEMBROKE PINES FL 33027**

TITLE **S** ☐ Delete
NAME **ROBINSON, SALLY**
STREET ADDRESS **13475 SOUTHWEST 9 STREET #A414**
CITY-ST-ZIP **PEMBROKE PINES FL 33027**

TITLE **T** ☒ Delete
NAME **SLONE, ANN**
STREET ADDRESS **13455 SOUTHWEST 9 COURT #J201**
CITY-ST-ZIP **PEMBROKE PINES FL 33027**

TITLE **P** ☐ Delete
NAME **OLINSKY, BURT**
STREET ADDRESS **801 SW 133 TERRACE, #K206**
CITY-ST-ZIP **PEMBROKE PINES FL 33027**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Treasurer** ☒ Change ☐ Addition
NAME **Sally Robinson**
STREET ADDRESS
CITY-ST-ZIP

TITLE **S.** ☐ Change ☐ Addition
NAME **Joe Polo**
STREET ADDRESS **13455 SW 9 COURT #J-02**
CITY-ST-ZIP **Pembroke Pines, FL 33027**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

3/28/06