

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 18, 2007 8:00 am**  
**Secretary of State**

05-18-2007 90021 019 \*\*\*\*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

901101000



2. Principal Place of Business - No P.O. Box #

**13460 SW 10th Street**  
Suite, Apt. #, etc.  
**Suite 101**  
City & State  
**Pembroke Pines, FL**  
Zip  
**33027**  
Country  
**US**

3. Mailing Address

**13460 SW 10th Street**  
Suite, Apt. #, etc.  
**Suite 101**  
City & State  
**Pembroke Pines, FL**  
Zip  
**33027**  
Country  
**US**

03292007 Chg-NP CR2E037 (12/06)

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

**DAVIS, CHARLES W  
C/O PRINCE MGMT  
13460 SW 10ST STE 101  
HOLLYWOOD, FL 33022**

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

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

TITLE **S** ☒ Delete  
NAME **PAB, JOE**  
STREET ADDRESS **13455 SW 9 COURT J-102**  
CITY-ST-ZIP **HOLLYWOOD, 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 ☐ 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

TITLE ☐ Change ☒ Addition  
NAME **Treasurer**  
STREET ADDRESS **Trudy Lerner**  
CITY-ST-ZIP **13475 SW 9th Street A-401**  
**Pembroke Pines, FL 33027**

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 Chapter 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/5/07