

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90008 050 \*\*\*\*61.25

<b>DOCUMENT # N06933</b> 1. Entity Name <b>KINGSLEY AT CENTURY VILLAGE CONDOMINIUM #1 ASSOCIATION, INC.</b>					
Principal Place of Business <b>13460 SW 10TH STREET STE 101 PEMBROKE PINES, FL 33027 US</b>			Mailing Address <b>13460 SW 10TH STREET STE 101 PEMBROKE PINES, FL 33027 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip 		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip 		4. FEI Number <b>59-2842385</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		10232007 Chg-NP CR2E037 (12/06)			
<b>6. Name and Address of Current Registered Agent</b>  <b>DAVIS, CHARLES W C/O PRINCE MGMT 13460 SW 10ST STE 101 HOLLYWOOD, FL 33022</b>				<b>7. Name and Address of New Registered Agent</b> Name <b>Charlie Otto, Esq.</b> Street Address (P.O. Box Number is Not Acceptable) <b>STRACEY &amp; OTTO, P.A.</b> <b>2699 Stirling Rd., Suite C-207</b> City <b>Ft. Lauderdale</b> FL Zip Code <b>33312</b>	
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 <b>CHARLES OTTO, ESQ. for STRACEY &amp; OTTO P.A. 1.11.08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>FREEDMAN, JOYCE</b> <b>850 SW 133RD TERR</b> <b>PEMBROKE PINES, FL 33027</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP.</b> <b>Joyce Freedman</b> <b>850 SW 133 Terr, # 8118</b> <b>Pembroke Pines, FL 33027</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>OLINSKY, BURT</b> <b>801 SW 133 TERRACE, #K206</b> <b>PEMBROKE PINES, FL 33027</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>BURT OLINSKY</b> <b>801 SW 133 TERR #K206</b> <b>Pembroke Pines FL 33027</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>LERNER, TRUDY</b> <b>1347 SW 9TH STREET A-410</b> <b>PEMBROKE PINES, FL 33027</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>TRUDY LERNER</b> <b>1347 SW 9th St # 401</b> <b>PEMBROKE PINES FL 33027</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Ann Stone</b> <b>13465 SW 9th St. J-201</b> <b>Pembroke Pines, FL 33027</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b>			Date <b>2/6/08</b> Daytime Phone # <b>954 443-1162</b>		