

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06935

FILED  
Jan 05, 2009  
Secretary of State

**Entity Name:** KINGSLEY AT CENTURY VILLAGE CONDOMINIUM # III ASSOCIATION, INC.

**Current Principal Place of Business:**

13460 SW 10 STREET  
SUITE 101  
PEMBROKE PINES, FL 33027 US

**New Principal Place of Business:**

2045 SW 127 AVE.  
DAVIE, FL 33325 US

**Current Mailing Address:**

13460 SW 10 STREET  
SUITE 101  
PEMBROKE PINES, FL 33027 US

**New Mailing Address:**

2045 SW 127 AVE.  
DAVIE, FL 33325 US

**FEI Number:** 59-2734163

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MIELE BROTHERS MANAGEMENT, INC.  
2945 SW 127 AVE.  
FORT LAUDERDALE, FL 33325 US

**Name and Address of New Registered Agent:**

MIELE BROTHERS MANAGEMENT, INC.  
2045 SW 127 AVE.  
DAVIE, FL 33325 US

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: DEBORA C. MCGARVEY

01/05/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HERRERA, JULIA  
Address: 13255 SW 9TH CT G-413  
City-St-Zip: PEMBROOKE PINES, FL 33027

Title: VP ( ) Delete  
Name: PECH, ARLINE C  
Address: 13355 SW 9TH CT H-302  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: TD ( ) Delete  
Name: PERLMUTTER, CAROLYN  
Address: 800 SW 131 AVE., F 206  
City-St-Zip: PEMBROKE PINES, FL 33027

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P/TD (X) Change ( ) Addition  
Name: HERRERA, JULIA  
Address: 2045 SW 127 AVE  
City-St-Zip: DAVIE, FL 33325

Title: VD (X) Change ( ) Addition  
Name: PECH, ARLINE C  
Address: 2045 SW 127 AVE  
City-St-Zip: DAVIE, FL 33325

Title: SD (X) Change ( ) Addition  
Name: PERLMUTTER, CAROLYN  
Address: 2045 SW 127 AVE  
City-St-Zip: DAVIE, FL 33325

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIA HERRERA

P/TD

01/05/2009

Electronic Signature of Signing Officer or Director

Date