

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90149 001 ****61.25

DOCUMENT # N20015

1. Entity Name
**IVANHOE WEST AT CENTURY VILLAGE CONDOMINIUM
#III ASSOCIATION, INC.**



Principal Place of Business
13460 SW 10 STREET
SUITE 101
PEMBROKE PINES, FL 33027 US

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



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

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

03292007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-0035385

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, CHARLES W
13460 S.W. 10 ST. SUITE 101
PEMBROKE PINES, FL 33027

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. Agent

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 P ☐ Delete
NAME FEINSTEIN, JEANETTE
STREET ADDRESS 1501 SW 134TH WAY D406
CITY-ST-ZIP PEMBROKE PINES, FL 33027

TITLE VP ☐ Delete
NAME HARRINGTON, JOYCE
STREET ADDRESS 1501 SW 134 WAY D-412
CITY-ST-ZIP PEMBROKE PINES, FL 33022

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Treasurer ☐ Change ☒ Addition
NAME Linda Goodman
STREET ADDRESS 1501 SW 134th way D-114
CITY-ST-ZIP Pembroke Pines, FL 33027

TITLE Secretary ☐ Change ☒ Addition
NAME Lorraine Yellin Metz
STREET ADDRESS 1501 SW 134th way D-101
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

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:

Jeanette Feinstein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/07

Date

954-437-2764

Daytime Phone #