


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N31293 1. Entity Name CENTURY VILLAGE COMMUNITY ORGANIZATION, INC.	
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Principal Place of Business P.O. BOX 260005 PEMBROKE PINES, FL 33026	Mailing Address P.O. BOX 260005 PEMBROKE PINES, FL 33026
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DO NOT WRITE IN THIS SPACE



08262004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0108647	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

STRALEY, STEPHEN J P.A.
3990 SHERIDAN STREET, #109
HOLLYWOOD, FL 33021

**DO NOT WRITE
IN THIS SPACE**

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 _____
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 September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

U000000171989
09/09/04-80005-004 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRUCE, ROSA 150 SW 134 WAY, R314 PEMBROKE PINES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FREEDMAN, JOYCE 850 SW 133 TERRACE, APT. B118 PEMBROKE PINES, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SEVEL, ALEXANDER 701 SW 142ND AVE PEMBROKE PINES, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Rosa Pruce
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rosa Pruce - PRESIDENT

Date

Daytime Phone #

9/7/04 954-431-8195