

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

*Sent by 1st class*  
*cl 6/12* **FILED**  
**Apr 20, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # N31293

1. Entity Name  
CENTURY VILLAGE COMMUNITY ORGANIZATION, INC.



Principal Place of Business  
P.O. BOX 260005  
PEMBROKE PINES, FL 33026

Mailing Address  
P.O. BOX 260005  
PEMBROKE PINES, FL 33026



D4032006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0108647

Applied For  
Not Applicable

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

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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 May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME PRUCE, ROSA  
STREET ADDRESS 150 SW 134 WAY, R314  
CITY-ST-ZIP PEMBROKE PINES, FL

TITLE VD  
NAME FREEDMAN, JOYCE  
STREET ADDRESS 850 SW 133 TERRACE, APT. B118  
CITY-ST-ZIP PEMBROKE PINES, FL 33027

TITLE T  
NAME SEVEL, ALEXANDER  
STREET ADDRESS 701 SW 142ND AVE  
CITY-ST-ZIP PEMBROKE PINES, FL 33027

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000521196  
05/02/06-80123-023 61.25

**DO NOT WRITE  
IN THIS SPACE**

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

Days/M Phone #