2004 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N35021

1. Entity Name COALITION FOR CENTURY VILLAGE EAST HOMEBOUND, INC.



Principal Place of Business
48 ASHBY A

Mailing Address

NEWPORT H

FILED Feb 02, 2004 8:00 am Secretary of State

02-02-2004 90018 044 ****61.25

#47 2026								24003000				
DEERFIELD BEACH, FL 33442 US DEERFIELD BEACH, FL 33442									n arı gir ne			
2. Principal Place of Business 3. N			3. Mailir	Mailing Address								
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.			01072004	Chg-NP	CR2E03	7 (10/03)		
City & State			City & State			4. FEI Numbe	PLICABLE		1 t	plied For		
Zip Country			Zip	Zip		ntry		NOT APPLICABLE Not Applicable S. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent					
						Name						
NATHAN KRASNOFF 2026 NEWPORT H				·		Street Address (P.O. Box Number is Not Acceptable)						
DEERFIELD BEACH, FL 33442				·			Grant Tables (1.10. and Trained to Polymore)					
·												
						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 obligat	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, 2004				9. Election Carr Trust Fund C			\$5.00 May B Added to Fees	Je (기계 Fig	Make checi rida Depari	payable to iment of St	ete	
10.		OFFICERS AND DI	RECTORS		11.		ADDITIONS/CH	ANGES TO OFFIC	ERS AND DI	RECTORS IN	10	
TITLE	DP			☐ Delete	TITLE			 .	_	Change	☐ Addition	
NAME STREET ADDRESS	FEINBERG	G, SIDNEY			NAM						**	
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TITLE	DV				CITY	-ST-ZIP		• • • •		22.	1	
NAME	100			☐ Delete	-						☐ Addition	
4	COHEN, N	MARIAN		☐ Delete	TITLE NAM	: .				☐ Change	Addition	
STREET ADDRESS	COHEN, N	DHURST H		☐ Delete	TITLE NAM STRE	E E ET ADORESS					Addition	
1	COHEN, M 1012 LYN DEERFIE				TITLE NAM STRE	E					☐ Addition	
STREET ADDRESS CITY-ST-ZIP	COHEN, M 1012 LYN DEERFIEI DT	DHURST H LD BCH, FL		Delete	TITLE NAM STRE CITY TITLE	E ET ADORESS -ST-ZIP					Addition Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME	COHEN, M 1012 LYN DEERFIE DT KRASNOR	DHURST H LD BCH, FL FF, NATHAN			TITLE NAM STRE CITY TITLE NAM	E E ET ADORESS -ST-ZIP E				☐ Change		
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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.

Transfer