


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90008 008 \*\*\*\*61.25

**DOCUMENT # N38276**

1. Entity Name  
**HAWTHORNE AT CENTURY VILLAGE CONDOMINIUM #11 ASSOCIATION, INC.**



40026010



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

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

2. Principal Place of Business - No P.O. Box #  
**13460 SW 10th St.**

3. Mailing Address  
**13460 SW 10th St.**

Suite, Apt. #, etc.  
**Suite 101**

Suite, Apt. #, etc.  
**Suite 101**

10152007 Chg-NP CR2E037 (12/06)

City & State  
**Pembroke Pines, FL**

City & State  
**Pembroke Pines, FL**

Zip  
**33027**

Country  
**US**

Zip  
**33027**

Country  
**US**

4. FEI Number  
 65-0246173

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**DAVIS, CHARLES W**  
**C/O PRIME MGT**  
**13460 SW 10TH ST SUITE 101**  
**PEMBROKE PINES, FL 33027**

7. Name and Address of New Registered Agent

Name  
**Charlie Otto, Esq.**

Street Address (P.O. Box Number is Not Acceptable)  
**STRALEY + OTTO, P.A.**

**2699 Stirling Rd., Suite C-207**

City  
 **Ft. Lauderdale**

FL Zip Code  
**33312**

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 Otto, Esq.* **CHARLES OTTO, Esq., for Straley + Otto, P.A.** **1-11-08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Amended AR is \$61.25**

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                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>YOUNG, MARGARET<br>12900 SW 13TH ST SUITE 101<br>PEMBROKE PINES, FL 33027 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPT<br>WIESENFELD, RUTH<br>12950 SW 13 ST<br>PEMBROKE PINES, FL 33027 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>President/Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 2VP<br>GOLDER, ETIM<br>1300 SW 130AVE F-206<br>PEMBROKE PINES, FL 33027 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>SCHULZ, RON<br>1200 SW 130 AVE F-204<br>PEMBROKE PINES, FL 33027 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Vice President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Nancy Sicurella</b><br><b>1300 SW 130 Ave. F-313</b><br><b>Pembroke Pines, FL 33027</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Ruth Wiesenfeld* **Ruth Wiesenfeld** **1/18/08 954.431.3610**

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

**2008**  
**HAWTHORNE II**  
**BOARD OF DIRECTORS**

40026619  
# N38276

Managed by Prime Management Group  
436-5888

| <b>DIRECTOR</b>        | <b>BLDG</b>  | <b>OFFICER</b>    | <b>PHONE</b>    |
|------------------------|--------------|-------------------|-----------------|
| <b>RUTH WIESENFELD</b> | <b>D-206</b> | <b>PRES/TREAS</b> | <b>431-3610</b> |
| <b>RON SCHULZ</b>      | <b>G-204</b> | <b>VP</b>         | <b>432-6040</b> |
| <b>MARGARET YOUNG</b>  | <b>E-101</b> | <b>SECRETARY</b>  | <b>433-5659</b> |
| <b>NANCY SICURELLA</b> | <b>F-313</b> | <b>DIRECTOR</b>   | <b>443-4587</b> |

Revised 11-08-07