

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38276

FILED  
Jan 06, 2012  
Secretary of State

**Entity Name:** HAWTHORNE AT CENTURY VILLAGE CONDOMINIUM #II ASSOCIATION, INC.

**Current Principal Place of Business:**

PROGRESSIVE COMMUNITY MGMT-FT LAUDERDALE  
549 SAWGRASS CORPORATE PKWY  
SUNRISE, FL 33325 US

**New Principal Place of Business:**

**Current Mailing Address:**

PROGRESSIVE COMMUNITY MGMT-FT LAUDERDALE  
549 SAWGRASS CORPORATE PKWY  
SUNRISE, FL 33325 US

**New Mailing Address:**

FEI Number: 65-0246173      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PROGRESSIVE COMMUNITY MGMT-FT LAUDERDALE  
549 SAWGRASS CORPORATE PKWY  
SUNRISE, FL 33325 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: S  
Name: NIEVES, CARMEN  
Address: 12900 SW 13TH ST SUITE E206  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: T  
Name: WIESENFELD, RUTH  
Address: 12950 SW 13 ST., D206  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: P  
Name: IMBIANO, PAULINE  
Address: 1200 SW 130 AVE G-104  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: VP  
Name: FIDDLER, HARVEY  
Address: 1300 SW 130 AVE F-101  
City-St-Zip: PEMBROKE PINES, FL 33027

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: HELEN GOMES

MGR

01/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date