

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N43433** (4)

1. Corporation Name

NAHMOE EAST AT CENTURY VILLAGE CONDOMINIUM #1 ASSOCIATION, INC.

Principal Place of Business	Mailing Address
13400 S.W. 10TH STREET ADMINISTRATION BLDG. PEMBROKE PINES FL 33027	13400 S.W. 10TH STREET ADMINISTRATION BLDG. PEMBROKE PINES FL 33027

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**DAVIS, CHARLES W
C/O ENCORE MAINT. & MGMT.
13550 SW 10TH ST
PEMBROKE PINES FL 33027**

APPROVED
AND
FILED

95 APR 19 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
05/13/1991	05/01/1994
4. FEI Number	Applied For Not Applicable
65-0271071	
5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	☐ \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	☐ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	LEVITAN, BEN	1.2 NAME	
STREET ADDRESS	12901 SW 15TH CT	1.3 STREET ADDRESS	
CITY - ST - ZIP	PEMBROKE PINES FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	☒ Change ☐ Addition
NAME	LEV, KIMMEL	2.2 NAME	no longer a director
STREET ADDRESS	13055 SW 15TH CT	2.3 STREET ADDRESS	
CITY - ST - ZIP	PEMBROKE PINES FL	2.4 CITY - ST - ZIP	
TITLE	PD	3.1 TITLE	
NAME	HERMAN, SIEGEL	3.2 NAME	
STREET ADDRESS	13001 SW 15TH CT	3.3 STREET ADDRESS	
CITY - ST - ZIP	PEMBROKE PINES FL	3.4 CITY - ST - ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	MURRAY, KAGAN	4.2 NAME	
STREET ADDRESS	13000 SW 15TH CT	4.3 STREET ADDRESS	
CITY - ST - ZIP	PEMBROKE PINES FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Charles W. Davis* _____

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR _____

Date _____ Daytime Phone # _____