

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90150 025 ****61.25

DOCUMENT # N43433

1. Entity Name
**IVANHOE EAST AT CENTURY VILLAGE CONDOMINIUM
#1 ASSOCIATION, INC.**



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

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03292007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0271071

Applied For
Not Applicable

5. 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

DAVIS, CHARLES W.
13460 SW 10 ST
HOLLYWOOD, FL 33027

Name

Street Address (P.O. Box Number is Not Acceptable)

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 obligations of registered agent.

SIGNATURE

Charles W Davis Reg. Agt.

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, 2007**

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

TITLE PD ☐ Delete
NAME BERGER, ADELE
STREET ADDRESS 12901 SW 15 COURT V-410
CITY-ST-ZIP PEMBROKE PINES, FL 33027

TITLE D ☒ Delete
NAME TUCKER, BURT
STREET ADDRESS 13055 SW 15 COURT S-310
CITY-ST-ZIP PEMBROKE PINES, FL 33027

TITLE DV ☒ Delete
NAME TRIPODE, SALVATORE
STREET ADDRESS 13000 SW 15 CT U-411
CITY-ST-ZIP PEMBROKE PINES, FL 33027

TITLE ST ☐ Delete
NAME BUCHTER, THELMA
STREET ADDRESS 13001 SW 15 CT T-210
CITY-ST-ZIP HOLLYWOOD, FL 33027

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME Treasurer
STREET ADDRESS Ron Pomerantz
CITY-ST-ZIP 13000 SW 15 Court U-402
Pembroke Pines, FL 33027

TITLE ☒ Change ☐ Addition
NAME VP/Sec
STREET ADDRESS Buchler, Thelma
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Charles W Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/3/07 954-437-5899