

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90115 018 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

**DAVIS, CHARLES W.
12229 PEMBROKE RD
PEMBROKE PINES FL 33025**

7. Name and Address of New Registered Agent

Name

DAVIS, Charles W.

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

13460 SW 10 St.

Suite 101

City

Pembroke Pines FL

Zip Code

33027

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

1-6-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
SIEGEL, HERMAN
13001 SW 15CT T-411
PEMBROKE PINES FL 33027** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
KISHLANSKY, ARTHUR
13055 SW 15 CT S-207
PEMBROKE PINES FL 33027** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BERGER, ADELE
12901 SW 15 CT V410
PEMBROKE PINES FL 33027** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
Pembroke Pines, FL 33027

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

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

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.

SIGNATURE:

Signature Required

1/14/2003

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CR2E037 (10/02)