

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90248 011 ****61.25

DOCUMENT # N49909

1. Entity Name

IVANHOE EAST AT CENTURY VILLAGE CONDOMINIUM
#III 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

1st MOORE

CR2E037 (10/05)

4. FEI Number

65-0413631

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 Charles W. Davis, General Manager 2-2-06

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

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 DP ☒ Delete
NAME EMMETT, E. RALPH
STREET ADDRESS 13355 SW 16 COURT E-101
CITY-ST-ZIP PEMBROKE PINES FL 33027

TITLE P ☐ Change ☐ Addition
NAME Marvin Schneider
STREET ADDRESS 13355 SW 16 Ct E-302
CITY-ST-ZIP Pembroke Pines, FL 33027

TITLE DV ☐ Delete
NAME COSTELLO, ANTHONY
STREET ADDRESS 13455 SW 16 CT, F-309
CITY-ST-ZIP PEMBROKE PINES FL 33027

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

TITLE DST ☒ Delete
NAME TRIMARCHI, ANN
STREET ADDRESS 13105 SW 16 COURT L-408
CITY-ST-ZIP PEMBROKE PINES FL 33027

TITLE VP ☐ Change ☐ Addition
NAME Phyllis Levin
STREET ADDRESS 13105 SW 16 Ct L-209
CITY-ST-ZIP Pembroke Pines, FL 33027

TITLE DV ☐ Delete
NAME MACAYA, JOHN
STREET ADDRESS 13255 SW 16 CT K-408
CITY-ST-ZIP HOLLYWOOD FL 33027

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

TITLE D ☐ Delete
NAME DORFELD, ADA
STREET ADDRESS 12955 SW 16TH COURT M-401
CITY-ST-ZIP PEMBROKE PINES FL 33027

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

TITLE ☐ Delete
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 Section 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:

Marvin Schneider