## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED May 18, 2007 8:00 am Secretary of State

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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 - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			0323200	7 Chg-NP	CR2	2E037 (12/06)	
City & State		City & State			4. FEI Nue 65-0	mber 413631	15***	} <del></del>	plied For at Applicable
-Zip	Country	Zip	Cou	untry	5. Certific	ate of Status Desir	ed 🗀	\$8.75 Add Fee Required	
	6. Name and Address of Current	Registered Agent			7. Name a	and Address of N	ew Registe	red 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
8. The above the obligat	named entity submits this statement for ions of edispered agent.	r the purpose of changing it	s register	ed office or r	registered agent, or	both, in the State	of Florida. I	am familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title il applicable. (NO	TE-Propistere	A Agent signature	re required when rematating	)}	3/.	23/07 ATE (	
SIGNATURE .	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2007	and title if applicable (NO  9. Election Ca  Trust Fund	ımpaign F	Financing	\$5.00 Ma Added to Fo	ay Be ees	Make c Florida D	heck payable to	o tate
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florrida 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:

ENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-07

Daytime Phone #