


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90002 011 ****61.25

DOCUMENT # N93000003261		
1. Entity Name PLYMOUTH AT CENTURY VILLAGE CONDOMINIUM #1 ASSOCIATION, INC.		
Principal Place of Business 15951 SW 41 ST SUITE 150 DAVIE, FL 33331 US		Mailing Address 15951 SW 41 ST SUITE 150 DAVIE, FL 33331 US



01152007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box # <i>Miele Brothers Mgt.</i> Suite, Apt. #, etc. <i>2045 SW 127 Ave.</i> City & State <i>Davie, FL</i> Zip <i>33325</i> Country <i>USA</i>		3. Mailing Address <i>Miele Brothers Mgt.</i> Suite, Apt. #, etc. <i>2045 SW 127 Ave.</i> City & State <i>Davie, FL</i> Zip <i>33325</i> Country <i>USA</i>		4. FEI Number 65-0428583	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					

6. Name and Address of Current Registered Agent DAVIS, CHARLES W C/O PRICE MANAGEMENT 13460 SW 10TH ST SUITE 101 PEMBROKE PINES, FL 33027		7. Name and Address of New Registered Agent Name <i>Miele Brothers Management</i> Street Address (P.O. Box Number is Not Acceptable) <i>2045 SW 127 Ave.</i> City <i>Davie</i> FL Zip Code <i>33325</i>	
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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 *Debra C. McGarvey* DATE *2/20/07*

Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINTE, MARION 901 SW 138TH AVE C-302 PEMBROKE PINES, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SID Ensey, Wendell 850 SW 138 Ave. #D-109 Pembroke Pines, FL 33027 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WERNER, BERNICE 950 SW 138 AVE #304 PEMBROKE PINES, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WELIKSON, LOUIS 13700 SW 11 ST #A308 PEMBROKE PINES, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOCHMAN, TINA 850 SW 138TH AVE 0-114 PEMBROKE PINES, FL 33027 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Debra C. McGarvey, LCAM* DATE *3/1/07* DAYTIME PHONE *954-473-6285*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Debra C. McGarvey