

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90023 046 \*\*\*\*61.25

<b>DOCUMENT # N93000003261</b>					
<b>1. Entity Name</b> PLYMOUTH AT CENTURY VILLAGE CONDOMINIUM #1 ASSOCIATION, INC.					
<b>Principal Place of Business</b> MIELE BROTHERS MGT 2045 SW 127 AVE DAVIE, FL 33325 US			<b>Mailing Address</b> MIELE BROTHERS MGT 2045 SW 127 AVE DAVIE, FL 33325 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0428583	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  MIELE BROTHERS MANAGEMENT 2045 SW 127 AVE FORT LAUDERDALE, FL 33325			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> D <b>NAME</b> MINTE, MARION <b>STREET ADDRESS</b> 901 SW 138TH AVE C-302 <b>CITY - ST - ZIP</b> PEMBROKE PINES, FL 33027	<input type="checkbox"/> Delete		<b>TITLE</b> VD <b>NAME</b> Minte, Marion <b>STREET ADDRESS</b> 901 SW 138 Ave., C-302 <b>CITY - ST - ZIP</b> Pembroke Pines, FL 33027	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> P <b>NAME</b> WERNER, BERNICE <b>STREET ADDRESS</b> 950 SW 138 AVE #304 <b>CITY - ST - ZIP</b> PEMBROKE PINES, FL 33027	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> WELIKSON, LOUIS <b>STREET ADDRESS</b> 13700 SW 11 ST #A308 <b>CITY - ST - ZIP</b> PEMBROKE PINES, FL 33027	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> SD <b>NAME</b> ENSEY, WENDELL <b>STREET ADDRESS</b> 850 SW 138 AVE, #D-109 <b>CITY - ST - ZIP</b> PEMBROKE PINES, FL 33027	<input type="checkbox"/> Delete		<b>TITLE</b> VD <b>NAME</b> Ensey, Wendell <b>STREET ADDRESS</b> 850 SW 138 Ave., D-109 <b>CITY - ST - ZIP</b> Pembroke Pines, FL 33027	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Bernice Werner, Pres.</i>			03-06-2008		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		