

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90150 023 \*\*\*\*61.25

**DOCUMENT # N93000003263**

1. Entity Name  
**GARFIELD AT CENTURY VILLAGE CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business  
13460 SW 1056  
101  
PEMBROKE PINES, FL 33027 US

Mailing Address  
13460 SW 1056  
101  
PEMBROKE PINES, FL 33027 US

40066204



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03292007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
65-0424997

Applied For  
Not Applicable

Zip

Country

Zip

Country

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  
101  
PEMBROKE PINES, 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* *Reg Agent*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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 V ☐ Delete  
NAME KNOPMAN, KENNETH  
STREET ADDRESS 1601 SW 128 TERR, A201  
CITY-ST-ZIP PEMBROKE PINES, FL 33027

TITLE D ☐ Delete  
NAME ZARNELL, HUGO  
STREET ADDRESS 12750 SOUTHWEST 15 STREET #D402  
CITY-ST-ZIP PEMBROKE PINES, FL 33027

TITLE SD ☒ Delete  
NAME LEVINE, JUDY  
STREET ADDRESS 12750 SW 15TH STREET  
CITY-ST-ZIP PEMBROKE PINES, FL 33027

TITLE DP ☐ Delete  
NAME DROPKIN, MAY  
STREET ADDRESS 12755 SW 16TH COURT  
CITY-ST-ZIP PEMBROKE PINES, FL 33027

TITLE T ☐ Delete  
NAME FLEISHER, DORIS  
STREET ADDRESS 1600 SW 127 WAY, #C105  
CITY-ST-ZIP PEMBROKE PINES, FL 33027

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE *Sec* ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE *President* ☒ Change ☐ Addition  
NAME *May Dropkin*  
STREET ADDRESS *12755 SW 16th #308*  
CITY-ST-ZIP *Pembroke Pines FL 33027*

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

TITLE *5th Director* ☐ Change ☒ Addition  
NAME *Shirley Sherkman*  
STREET ADDRESS *1601 SW 128 terrace A-303*  
CITY-ST-ZIP *Pembroke Pines, FL 33027*

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #