

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90008 010 ****61.25

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|---|---|---|--|---|--|
| 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 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State Zip Country | | | City & State Zip Country | | |
| 4. FEI Number 65-0424997 | | | 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 13460 SW 10 ST 101 PEMBROKE PINES, FL 33027 | | | 7. Name and Address of New Registered Agent Name Charlie Otto Esq Street Address (P.O. Box Number is Not Acceptable) STRACEY + OTTO, PA. 2699 Stirling Rd., Suite C-207 City Ft. Lauderdale FL Zip Code 33312 | | |
| 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 OTTO, ESQ. for STRACEY + OTTO, PA 1-11-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Amended AR is \$61.25 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V KNOPMAN, KENNETH 1601 SW 128 TERR, A201 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 ZARNELL, HUGO 12750 SOUTHWEST 15 STREET #D402 PEMBROKE PINES, FL 33027 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary Richard Small 12750 SW 15 St. D-310 Pembroke Pines, FL 33027 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DRAPKIN, MAY 12755 SW 16TH COURT #308 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 | DP DROPKIN, MAY 12755 SW 16TH COURT 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 | T FLEISHER, DORIS 1600 SW 127 WAY, #C105 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 | D SHENKMAN, SHIRLEY 1601 SW 128TH TERRACE A-303 PEMBROKE PINES, FL 33027 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Pat Rix 12755 SW 16 St. B-410 Pembroke Pines, FL 33027 <input checked="" 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: 1/28/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

40026617



10152007 Chg-NP CR2E037 (12/06)

ATTACHMENT

2008

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**GARFIELD
BOARD OF DIRECTORS**

**MANAGED BY PRIME MANAGEMENT
436-5888**

| DIRECTOR | BLDG | OFFICER | PHONE |
|------------------------|--------------|--------------------------------|-----------------|
| MAY DROPKIN | B-308 | PRESIDENT | 435-3493 |
| KENNETH KNOPMAN | A-201 | VP | 441-2302 |
| DORIS FLEISCHER | C-105 | TREASURER | 450-4662 |
| RICHARD SMALL | D-310 | SECRETARY | 430-8944 |
| PAT RIX | B-410 | 5TH DIRECTOR | 438-2818 |
| PAT RIX | B-410 | RECORDING SECRETARY | 438-2818 |

REVISED 11-07-2007