2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003263

FILED Apr 08, 2009 Secretary of State

Entity Name: GARFIELD AT CENTURY VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:			
13460 SW 1056 101				549 SAWG	RASS CORF	UNITY MGMT-FT L PORATE PKWY	AUDERDALE
PEMBROK	E PINES, FL 33027	US		SUNRISE,	FL 33325	US	
Current Mailing Address:				New Mailing Address:			
13460 SW 1056 101 PEMBROKE PINES, FL 33027 US				PROGRESSIVE COMMUNITY MGMT-FT LAUDERDALE 549 SAWGRASS CORPORATE PKWY SUNRISE, FL 33325 US			
FEI Number:	65-0424997 FEI Nui	mber Applied For()	FEI Nur	nber Not Appli	icable ()	Certificate of Statu	s Desired()
Name and	Address of Current F	Registered Agent:		Name and	Address of	New Registered A	gent:
2699 ŚTIRI FORT LAU The above		US this statement for the pu	ırpose o	549 SAWG SUNRISE,	RASS CORF FL 33325	UNITY MGMT-FT L PORATE PKWY US office or registered	
	of Florida.						
SIGNATURE: HELENIZE GOMES						04/08/2009	<u> </u>
	Electronic Signa	ture of Registered Ager	nt			Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	V () Delete KNOPMAN, KENNETH 1601 SW 128 TERR, A20 PEMBROKE PINES, FL 3			Title: Name: Address: City-St-Zip:	KNOPMAN, PA 1601 SW 128		
Title: Name: Address: City-St-Zip:	S () Delete SMALL, RICHARD 12750 SW 15 ST D310 HOLLYWOOD, FL 33027	,		Title: Name: Address: City-St-Zip:	SMALL, RICH 12750 SW 15		
Title: Name: Address: City-St-Zip:	P () Delete DRAPKIN, MAY 12755 SW 16TH COURT PEMBROKE PINES, FL 3			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () Delete FLEISHER, DORIS 1600 SW 127 WAY, #C10 PEMBROKE PINES, FL 3			Title: Name: Address: City-St-Zip:	FLEISCHER, I 1600 SW 127		
Title: Name: Address: City-St-Zip:	D (X) Delete RIX, PAT 12755 SW 16 CT B410 HOLLYWOOD, FL 33027			Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HELENIZE GOMES D 04/08/2009