

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90097 012 ****61.25

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DOCUMENT # N94000004466 1. Entity Name SUFFOLK AT CENTURY VILLAGE CONDOMINIUM #1 ASSOCIATION, INC.																																																																													
Principal Place of Business 13460 SW 10 STREET SUITE 101 PEMBROKE PINES, FL 33027 US			Mailing Address 13460 SW 10 STREET SUITE 101 PEMBROKE PINES, FL 33027 US																																																																										
2. Principal Place of Business			3. Mailing Address																																																																										
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																																										
City & State			City & State																																																																										
Zip		Country		Zip																																																																									
				Country																																																																									
4. FEI Number 65-0558855				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 10TH ST STE 101 PEMBROKE PINES, FL 33027				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																									
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 <u>Charles W Davis</u> 2/28/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																													
Filing Fee is \$61.25 Due by May 1, 2005		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																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> -10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 85%;"> DP MOSES, WILLIAM <input checked="" type="checkbox"/> Delete </td> </tr> <tr> <td>STREET ADDRESS</td> <td>13700 SW 14 ST D-108</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PEMBROKE PINES, FL 33027</td> </tr> <tr> <td>TITLE</td> <td> DV <input type="checkbox"/> Delete KAYE, GILBERT BUDDY </td> </tr> <tr> <td>STREET ADDRESS</td> <td>13705 SW 12ST, B-103</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PEMBROKE PINES, FL 33027</td> </tr> <tr> <td>TITLE</td> <td> DV <input type="checkbox"/> Delete RAYFIELD, HERMAN </td> </tr> <tr> <td>STREET ADDRESS</td> <td>13800 SW 14TH ST C-409</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PEMBROKE PINES, FL 33027</td> </tr> <tr> <td>TITLE</td> <td> DV <input type="checkbox"/> Delete HELFAND, MICHAEL </td> </tr> <tr> <td>STREET ADDRESS</td> <td>1400 SW 137 AVE APT F-112</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PEMBROKE PINES, FL 33027</td> </tr> <tr> <td>TITLE</td> <td> DS <input type="checkbox"/> Delete BROMAN, ROSE </td> </tr> <tr> <td>STREET ADDRESS</td> <td>13701 SW 12 ST A- 106</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PEMBROKE PINES, FL 33027</td> </tr> <tr> <td>TITLE</td> <td> DT <input type="checkbox"/> Delete POSNER, HAROLD </td> </tr> <tr> <td>STREET ADDRESS</td> <td>1200 SW 137 AV E-408</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PEMBROKE PINES, FL 33027</td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 85%;"> DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Posner, Harold </td> </tr> <tr> <td>STREET ADDRESS</td> <td>1200 SW 137 AVE E-408</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Pembroke Pines, FL 33027</td> </tr> <tr> <td>TITLE</td> <td> DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Marcus, Jack </td> </tr> <tr> <td>STREET ADDRESS</td> <td>13700 SW 14 St. D-203</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Pembroke Pines, FL 33027</td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table> </div> </div>						TITLE	DP MOSES, WILLIAM <input checked="" type="checkbox"/> Delete	STREET ADDRESS	13700 SW 14 ST D-108	CITY-ST-ZIP	PEMBROKE PINES, FL 33027	TITLE	DV <input type="checkbox"/> Delete KAYE, GILBERT BUDDY	STREET ADDRESS	13705 SW 12ST, B-103	CITY-ST-ZIP	PEMBROKE PINES, FL 33027	TITLE	DV <input type="checkbox"/> Delete RAYFIELD, HERMAN	STREET ADDRESS	13800 SW 14TH ST C-409	CITY-ST-ZIP	PEMBROKE PINES, FL 33027	TITLE	DV <input type="checkbox"/> Delete HELFAND, MICHAEL	STREET ADDRESS	1400 SW 137 AVE APT F-112	CITY-ST-ZIP	PEMBROKE PINES, FL 33027	TITLE	DS <input type="checkbox"/> Delete BROMAN, ROSE	STREET ADDRESS	13701 SW 12 ST A- 106	CITY-ST-ZIP	PEMBROKE PINES, FL 33027	TITLE	DT <input type="checkbox"/> Delete POSNER, HAROLD	STREET ADDRESS	1200 SW 137 AV E-408	CITY-ST-ZIP	PEMBROKE PINES, FL 33027	TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Posner, Harold	STREET ADDRESS	1200 SW 137 AVE E-408	CITY-ST-ZIP	Pembroke Pines, FL 33027	TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Marcus, Jack	STREET ADDRESS	13700 SW 14 St. D-203	CITY-ST-ZIP	Pembroke Pines, FL 33027	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>[Signature]</u> 2/17/05 954-436-5884 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																													