


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90240 005 ****61.25

DOCUMENT # N94000004466	
1. Entity Name	
SUFFOLK AT CENTURY VILLAGE CONDOMINIUM #1 ASSOCIATION, INC.	

Principal Place of Business	Mailing Address
13460 SW 10 STREET SUITE 101 PEMBROKE PINES FL 33027 US	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

1st MOORE	CR2E037 (10/05)
4. FEI Number	Applied For
65-0558855	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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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	
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	DATE
<i>Charles W Davis</i>	2-2-06

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POSNER, HAROLD	NAME	
STREET ADDRESS	1200 SW 137 AVE E-408	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAYE, GILBERT BUDDY	NAME	
STREET ADDRESS	13705 SW 12ST B-103	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAYFIELD, HERMAN	NAME	
STREET ADDRESS	13800 SW 14TH ST C-409	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	CITY-ST-ZIP	
TITLE	DV <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELFAND, MICHAEL	NAME	Judge Kriston
STREET ADDRESS	1400 SW 137 AVE APT F-112	STREET ADDRESS	1400 SW 137 AVE. F-407
CITY-ST-ZIP	PEMBROKE PINES FL 33027	CITY-ST-ZIP	Pembroke Pines, FL 33027
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROMAN, ROSE	NAME	
STREET ADDRESS	13701 SW 12 ST A- 106	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	CITY-ST-ZIP	
TITLE	DT <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POSNER, HAROLD	NAME	Jack Marcus
STREET ADDRESS	1200 SW 137 AV E-408	STREET ADDRESS	13700 SW 14th D-203
CITY-ST-ZIP	PEMBROKE PINES FL 33027	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 Section 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.	
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SIGNATURE:	DATE
<i>Harold Posner</i>	4/12/06