


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

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

02-18-2008 90008 044 \*\*\*\*61.25

<b>DOCUMENT # N95000002639</b>					
<b>1. Entity Name</b> SUFFOLK AT CENTURY VILLAGE CONDOMINIUM #II ASSOCIATION, INC.					
<b>Principal Place of Business</b> 13460 SW 10TH STREET SUITE 101 PEMBROKE PINES, FL 33027 US			<b>Mailing Address</b> 13460 SW 10TH STREET SUITE 101 PEMBROKE PINES, FL 33027 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 90-0047950	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
DAVIS, CHARLES W 13460 SW 10 ST 101 HOLLYWOOD, FL 33027			Name <u>Charlie Otto, Esq.</u> Street Address (P.O. Box Number is Not Acceptable) <u>STRALEY + OTTO, P.A.</u> <u>2699 Stirling Rd., Suite C-207</u> City <u>FT. Lauderdale</u> FL Zip Code <u>33312</u>		
<b>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.</b>					
SIGNATURE <u>CHARLES OTTO, Esq., for STRALEY + OTTO, P.A.</u> DATE <u>1-11-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Amended AR is \$61.25</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	PD <input type="checkbox"/> Delete FREID, GEORGE 1301 S.W. 142ND AVENUE H-314 PEMBROKE PINES, FL 33027		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition George Fried	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	T <input checked="" type="checkbox"/> Delete BAREA, MICHAEL 801 SW 141 AVE #0301 HOLLYWOOD, FL 33027		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Treasurer Perry Atfield 901 SW 141 Ave., M-312 Pembroke Pines, FL 33027	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	S <input type="checkbox"/> Delete BARRERA, PILAR 1001 SW 141 AVE K-107 PEMBROKE PINES, FL 33027		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director Franklin Johnson 801 SW 141 Ave., O-31	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D <input type="checkbox"/> Delete NEWMAN, ROSE 1201 SW 141 AVE J 303 HOLLYWOOD, FL 33027		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director Melvin Speer 1351 SW 141 Ave., G-401 Pembroke Pines, FL 33027	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	1VPS <input type="checkbox"/> Delete KAPLAN, DAVID 800 S.W. 142ND AVENUE PEMBROKE PINES, FL 33027		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D <input type="checkbox"/> Delete EDELHEIT, ANN 900 SW 142 AVE L-112 PEMBROKE PINES, FL 33027		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>George Fried</u>			Date <u>1-14-08</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					