

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002639

FILED  
Jan 16, 2009  
Secretary of State

**Entity Name:** SUFFOLK AT CENTURY VILLAGE CONDOMINIUM #II ASSOCIATION, INC.

**Current Principal Place of Business:**

13460 SW 10TH STREET  
SUITE 101  
PEMBROKE PINES, FL 33027 US

**New Principal Place of Business:**

**Current Mailing Address:**

13460 SW 10TH STREET  
SUITE 101  
PEMBROKE PINES, FL 33027 US

**New Mailing Address:**

**FEI Number:** 90-0047950

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OTTO, CHARLIE ESQ  
STRALEY & OTTO, P.A.  
2699 STIRLING RD, SUITE C-207  
FORT LAUDERDALE, FL 33312 US

**Name and Address of New Registered Agent:**

OTTO, CHARLIE ESQ  
2699 STIRLING RD  
SUITE C-207  
FORT LAUDERDALE, FL 33312 US

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.

SIGNATURE:

01/16/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FRIED, GEORGE  
Address: 1301 S.W. 142ND AVENUE H-314  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: T ( ) Delete  
Name: ALFEILD, PERRY  
Address: 901 SW 141 AVE #312  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: S ( ) Delete  
Name: BARRERA, PILAR  
Address: 1001 SW 141 AVE K-107  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: D ( ) Delete  
Name: NEWMAN, ROSE  
Address: 1201 SW 141 AVE J 303  
City-St-Zip: HOLLYWOOD, FL 33027

Title: 1VPS ( ) Delete  
Name: KAPLAN, DAVID  
Address: 800 S.W. 142ND AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: D ( ) Delete  
Name: EDELHEIT, ANN  
Address: 900 SW 142 AVE L-112  
City-St-Zip: PEMBROKE PINES, FL 33027

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP (X) Change ( ) Addition  
Name: FRIED, GEORGE  
Address: 1301 S.W. 142ND AVENUE H-314  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: KAPLAN, DAVID  
Address: 800 S.W. 142ND AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DAVID KAPLAN

P

01/16/2009

Electronic Signature of Signing Officer or Director

Date