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

FILED DOCUMENT # N95000004993 May 01, 2006 08:00 AN Secretary of State 1. Entity Name FALMOUTH AT CENTURY VILLAGE CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 13460 SW 10 STREET 13460 SW 10 STREET SUITE 101 PEMBROKE PINES FL 33027 SUITE 101 PEMBROKE PINES FL 33027 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/05) 1st MOORE City & State City & State 4. FEI Number Applied For 65-0618113 Not Applicable Country Zφ Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DAVIS, CHARLES W Street Address (P.O. Box Number is Not Acceptable) 13460 SW 10 ST, SUITE 101 PEMBROKE PINES FL 33027 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 l'amiliar with, and accept the obligations of registered agent. SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. DS Change ☐ Delete Addition TITLE THEF CAESAR, MIRIAM NAME NAME U000000549837 1651 SW 127 AV A-407 STREET ADDRESS STREET ADDRESS 05/13/06-80036-007 61.25 CITY ST-ZIP PEMBROKE PINES FL 33027 CiTY-ST-ZiP D۷ ☐ Delete ☐ Change TITLE THILE ☐ Addition LEVINE, RICHARD NAME NAME 12650 SW 15 ST F-414 STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33027 CHY-ST-ZIP CITY - ST - Z(P TITLE ☐ Defete ☐ Change Addition RRE MAME WINER, IRVING MAME 12651 SW 16 CT B-408 STREET ADDRESS STREET ADDRESS CITY ST-7IP PEMBROKE PINES FL 33027 CITY-ST-7/P ☐ Change TITLE ☐ Delete TITLE Addition NAME GOLDMAN, JERALD NAME STREET ADDRESS 12551 SW 16 CT C-214 STREET ADDRESS PEMBROKE PINES FL 33027 CITY - ST- ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition LEINWAND, SIDNEY MAME MAME 12550 SW 15 ST. E-204 STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33027 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE THEF ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE: Signature and typed or printed name of signing officer or director Date Daysine Phone #

if changed, or on an attachment with an address, with all other like empowered.

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