2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000004993

1. Entity Name FALMOUTH AT CENTURY VILLAGE CONDOMINIUM



FILED

Feb 18, 2008 8:00 am Secretary of State

02-18-2008 90008 011 ****61.25

ASSOCIATION, INC.											
13460 SW 10 STREET 134 SUITE 101 SUIT			ailing Address 3460 SW 10 STREET UITE 101				40026616				
PEMBROKE PINES, FL 33027 PEMBROKE PINES, FL 33027											
Principal Place of Business - No P.O. Box # 3. M			Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				10152007	Chg-NP	CR2E0	37 (12/06)	
City & Stat	City & State		City & State				4. FEI Number 65-0618			<u> </u>	plied For
Zip	Country	Zi	Zip Co		ntry	5. Certificate of Statu		of Status Desired		\$8.75 Add	litional
6. Name and Address of Current Register			ed Agent				7. Name and	Address of New	Registered		
DV/\IS CF	IADI ES IA/		•	Ī	Name	Chi	arlie (HA	ESQ.		
DAVIS, CHARLES W 13460 SW 10 ST, SUITE 101 DEMBROKE BINES EL 33027					Street An	ddress (I	P.O. Box Number	r is Not Acceptat			
PEMBROKE PINES, FL 33027							Stirlin	9 Road	d.Su	ite C	-207
				Ī	City F	t.L	MEDT	ALE	FL	Zip Cod	ໍ່ມ ວ
8. The above the obligat	named entity submits this stateme tions of registered agent.	nt for the purp	oose of changing its r	egistere	d office or	register	ed agent, or both	n, in the State of I	Florida. I am	familiar with,	and accept
_					-	_		ا مطارا			
SIGNATIONS Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE											
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	Amended AR is \$61.25		9. Election Cam Trust Fund Co	paign Fir			\$5.00 May Be			k payable to	
10.	Amended AR is \$61.25 OFFICERS AND) DIRECTORS	Trust Fund Co	paign Fir			\$5.00 May Be	Flo	orida Depa	rtment of Si	tate
10.	Amended AR is \$61.25 OFFICERS AND	DIRECTORS	Trust Fund Co	paign Firontribution	on. [\$5.00 May Be Added to Fees	Flo	orida Depa	rtment of Si	tate
10.	Amended AR is \$61.25 OFFICERS AND S CAESAR, MIRIAM	DIRECTORS	Trust Fund Co	paign Firontribution 11. TITLE NAME	on. [\$5.00 May Be Added to Fees	Flo	orida Depa	rtment of SI	110
10. TITLE NAME	Amended AR is \$61.25 OFFICERS AND		Trust Fund Co	paign Firontribution 11. TITLE NAME STREE	on. [\$5.00 May Be Added to Fees	Flo	orida Depa	rtment of SI	tate
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Amended AR is \$61.25 OFFICERS AND S CAESAR, MIRIAM 1651 SW 127 AV A-407 PEMBROKE PINES, FL 3300 VP		Trust Fund Co	paign Firontribution 11. TITLE NAME STREE CITY-5	T ADDRESS ST-ZIP		\$5.00 May Be Added to Fees	Flo	orida Depa	rtment of SI	110
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Amended AR is \$61.25 OFFICERS AND S CAESAR, MIRIAM 1651 SW 127 AV A-407 PEMBROKE PINES, FL 3300 VP LEVINE, RICHARD		Trust Fund Co	paign Fir ontributio 11. TITLE NAME STREE CITY-1 TITLE NAME	T ADDRESS ST-ZIP		\$5.00 May Be Added to Fees	Flo	orida Depa	rtment of SI	10 Addition
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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.

SIGNATURE	:
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SULLAGE PROFESSION OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #