2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 AUG 26 AM 9:29

DOCUMENT # N98000003481

1. Entity Name
IMAGINATION FARMS COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
CENTURY MANAGEMENT SERVICES, INC STE 811 COOPER CITY, FL 33330 US	12233 SW 55TH STREET STE 811 COOPER CITY, FL 33330 US

06272008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
CENTURY MANAGMENT SERVICES, INC	CENTURY MANAGMENT SERVICES, INC
Suite, Apt. #, etc. 1495 North PARK DR.	Suite, Apt. #, etc. 1495 NORTH PARK DRIVE
City & State WESTON, FLORIDA	City & State WESTON, FLORIDA
Zip / Country 33326 / BROWARD	Zip / Country 33326 / BROWARD

4. FEI Number
65-0852589
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PUFFENBARGE, MARK C/O CENTURY MANAGEMENT SERVICES INC 1495 NORTH PARK DRIVE WESTON, FL 33326	Name: Bakalar & Eichner, P.A. #540 Street Address (P.O. Box Number is Not Acceptable): 150 SO PINE ISLAND RD City: PLANTATION FL Zip Code: 33324

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: Susan P. Bakalar 6/30/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ESPINOSA, BENNY 13792 SW 40TH STREET DAVIE, FL 33330	☐ Delete	P ESPINOSA, BENNY 1495 NO. PARK DR WESTON, FL 33326	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BARILE, NANCY 1495 NORTH PARK DR WESTON, FL 33326	☐ Delete	D BARILE, NANCY 1495 NO. PARK DR WESTON FL 33326	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KATZ, SHERYL 13835 SW 41ST STREET DAVIE, FL 33330	☐ Delete	S SHERYL KATZ 1495 NO. PARK DR WESTON, FL 33326	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WALDEE, KERRY 1495 NORTH PARK DR WESTON, FL 33326	☒ Delete	400135371014 09/04/08--01035--001 **61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANCHEZ, ISRAEL 13282 SW 41ST STREET DAVIE, FL 33330	☐ Delete	VP SANCHEZ, ISRAEL 1495 NO. PARK DR. WESTON, FL 33326	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	B 8/27/08	☐ Delete	T LOPEZ, RITA 1495 NO. PARK DR WESTON, FL 33326	☐ Change ☒ Addition

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: _____ July 6/08 954-577-0020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #