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## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # 735324**

## CENCLUB HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address 10074445 100 CENTURY BOULEVARD 100 CENTURY BOULEVARD W. PALM BEACH FL 33417 W. PALM BEACH FL 33417 3. Mailing Address 2. Principal Place of Business CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 65-0123144 City & State City & State Applied For Not Applicable Zip Country Country \$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 LEVY.MARK F. Street Address (P.O. Box Number is Not Acceptable) CENTURY VILLAGE ADMIN. BLDG. 100 CENTURY BLVD. W. PALM BEACH FL 33417 City 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 familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PTD TITLE ☐ Delete TITLE Change XX Addition LEVY, H. IRWIN NAME NAME NICHOLSON, JAMES A. STREET ADDRESS 100 CENTURY BLVD STREET ADDRESS 100 CENTURY BLVD. CITY-ST-ZIP W PALM BEACH .F 33417 CITY-ST-ZIP <u>WEST PALM BEACH, FL 33417</u> ☐ Delete TITLE Change Addition TITLE NAME PESECKIS, LYNN L NAME 100 CENTURY BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W. PALM BCH. FL 33417 TITLE Change Addition TITLE ☐ Delete NAME LEVY, MARK NAME 100 CENTURY BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change [ ] Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(I), 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 eath; 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:

Mark F. Levy

561-640-3133