

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED  
AND  
FILED**

95 MAY -1 PM 1:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 738656 (8)**

1. Corporation Name  
**WESTBURY "I" CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business	Mailing Address
C/O M. LEVINSON WESTBURY "I" - 148/CVE DEERFIELD BCH FL 33442	C/O M. LEVINSON WESTBURY "I" - 148/CVE DEERFIELD BCH FL 33442

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/13/1977</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-1921822</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

**CONDOMINIUM OWNERS ORGANIZATION OF CENTURY VILLAGE EAST, INC.  
3501 WEST DRIVE  
DEERFIELD BEACH FL 33442-2058**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and the # applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ELSER, GERTRUDE</b>	1.2 NAME	
STREET ADDRESS	<b>WESTBURY I 156</b>	1.3 STREET ADDRESS	<b>200001474832</b>
CITY - ST - ZIP	<b>DEERFIELD BEACH FL</b>	1.4 CITY - ST - ZIP	<b>-05/04/95--01001--001</b>
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FORMAN, SADIE</b>	2.2 NAME	
STREET ADDRESS	<b>WESTBURY I-141</b>	2.3 STREET ADDRESS	<b>**32700.00 ****130.00</b>
CITY - ST - ZIP	<b>DEERFIELD BEACH FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>V/D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOSES, ESTHER</b>	3.2 NAME	
STREET ADDRESS	<b>WESTBURY I 150</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DEERFIELD BEACH FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUDNOFF, LILLIAN</b>	4.2 NAME	
STREET ADDRESS	<b>WESTBURY I 147</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DEERFIELD BEACH FL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>ST</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PANZER, ROSE</b>	5.2 NAME	
STREET ADDRESS	<b>WESTBURY I 159</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DEERFIELD BEACH FL</b>	5.4 CITY - ST - ZIP	
TITLE	<b>P/D</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEVINSON, MURIEL</b>	6.2 NAME	
STREET ADDRESS	<b>WESTBURY I 148</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DEERFIELD BEACH FL</b>	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 holder of trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Muriel Levinson* **4/10/95** **570 704-3**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Month/Year