

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **738656 (8)**
1. Corporation Name
WESTBURY "I" CONDOMINIUM ASSOCIATION, INC.



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

3. Date Incorporated or Qualified: **04/13/1977**
3a. Date of Last Report: **05/01/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1921822	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CONDOMINIUM OWNERS ORGANIZATION OF CENTURY VILLAGE EAST, INC. 3501 WEST DRIVE DEERFIELD BEACH FL 33442-2058				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELSER, GERTRUDE	1 2 NAME	
STREET ADDRESS	WESTBURY I 156	1 3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	1 4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORMAN, SADIE	2 2 NAME	
STREET ADDRESS	WESTBURY I-141	2 3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	2 4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSES, ESTHER	3 2 NAME	
STREET ADDRESS	WESTBURY I 150	3 3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	3 4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUDNOFF, LILLIAN	4 2 NAME	
STREET ADDRESS	WESTBURY I 147	4 3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	4 4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PANZER, ROSE	5 2 NAME	
STREET ADDRESS	WESTBURY I 159	5 3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	5 4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINSON, MURIEL	6 2 NAME	
STREET ADDRESS	WESTBURY I 148	6 3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	6 4 CITY-ST-ZIP	

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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 119.07(3)(k), 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 register or trustee empowered to execute this report as required by Chapter 617, 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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: MURIEL LEVINSON
Date: 4/8/96
Daytime Phone #: (954) 570-7043

CR2E037 (12/95)

4/27/96