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**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90163 001 14,638.75

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 738656**

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/13/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1921822
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
	Zip 29	Country 30

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	FL
	85 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ELSER, GERTRUDE	
STREET ADDRESS	WESTBURY I 156	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	FORMAN, SADIE	
STREET ADDRESS	WESTBURY I-141	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MOSES, ESTHER	
STREET ADDRESS	WESTBURY I 150	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BUDNOFF, LILLIAN	
STREET ADDRESS	WESTBURY I 147	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LASSER, SADIE	
STREET ADDRESS	WESTBURY I 160	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEVINSON, MURIEL	
STREET ADDRESS	WESTBURY I 148	
CITY-ST-ZIP	DEERFIELD BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Forman, Sadie
2.3 STREET ADDRESS	Westbury I - 141
2.4 CITY-ST-ZIP	Deerfield Beach, Fla 33442
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Brown, Joseph
4.3 STREET ADDRESS	Westbury I - 149
4.4 CITY-ST-ZIP	Deerfield Beach, Fla 33442
5.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Lasser, Sadie
5.3 STREET ADDRESS	Westbury I 160
5.4 CITY-ST-ZIP	Deerfield Beach, Fla 33442
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 receiver 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, with all other like empowered.

SIGNATURE: Muriel Levinson Muriel Levinson 2/5/99 570-7043  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/198)