

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 738656

1. Entity Name

WESTBURY "I" CONDOMINIUM ASSOCIATION, INC.

FILED
Jul 12, 2000 8:00 am
Secretary of State

04-25-2000 90324 001 15,006.25

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
--	--

4. FEI Number 59-1821822	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL 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.

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

FILE NOW: FEE IS \$81.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
-----------------------------	--	-----------------------------	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELSER, GERTRUDE WESTBURY I 156 DEERFIELD BEACH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FORMAN, SADIE WESTBURY I-141 DEERFIELD BEACH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOSES, ESTHER WESTBURY I 150 DEERFIELD BEACH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, JOSEPH WESTBURY I-149 DEERFIELD BEACH FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LASSER, SADIE WESTBURY I 180 DEERFIELD BEACH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEVINSON, MURIEL WESTBURY I 148 DEERFIELD BEACH FL <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	F Forman, Sadie Westbury I - 141 Deerfield Beach, Fla 33442 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rafael Figueroa 142 Westbury I Deerfield Beach, Fla 33442 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sadie Lasser 160 Westbury I Deerfield Beach, Fla 33442 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: Muriel Levinson **SIGNATURE REQUIRED** Date: 1/20/2000 Daytime Phone #: 954 5907493

CR2E037 (9/99)