

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **738656**

1. Entity Name

WESTBURY "I" CONDOMINIUM ASSOCIATION, INC. ✓

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 APR -3 PM 2:46



DO NOT WRITE IN THIS SPACE

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 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-1921822** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700005257517--5 -04/12/02--01058--001 **15867.50 *****61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORMAN, SADIE WESTBURY I-141 DEERFIELD BEACH FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MOSES, ESTHER WESTBURY I 150 DEERFIELD BEACH FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FIGUERCA, REFAEL WESTBURY I 142 DEERFIELD BEACH FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LASSER, SADIE WESTBURY I 160 DEERFIELD BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Sadie</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEVINSON, MURIEL WESTBURY I 148 DEERFIELD BEACH FL <input type="checkbox"/> Delete	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 an other like empowered.

SIGNATURE: *Muriel Levinson* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: *1/23/02* Daytime Phone #: *570-7043*

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FILED 02 APR 02