

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED


04 APR 27 PM 5:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

66413259



MOORE CR2E037 (11/03)

| | | | |
|--|---------|--|---------|
| DOCUMENT # 738656 | |  | |
| 1. Entity Name WESTBURY "I" CONDOMINIUM ASSOCIATION, INC. | | | |
| Principal Place of Business CONDO OWNERS ORG OF CENTURY VILLAGE E 3501 WEST DRIVE DEERFIELD BCH FL 33442-2085 | | Mailing Address CONDO OWNERS ORG OF CENTURY VILLAGE E 3501 WEST DRIVE DEERFIELD BCH FL 33442-2085 | |
| 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 <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 | | 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. I am familiar with, and accept the obligations of registered agent.

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

| | | | |
|--|--|------------------------------------|--|
| FILE NOW: FEE IS \$61.25 Due By May 1, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
|--|--|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---------------------------------|---|---|
| TITLE: D NAME: ELSER, GERTRUDE STREET ADDRESS: WESTBURY I 156 CITY-ST-ZIP: DEERFIELD BEACH FL | <input type="checkbox"/> Delete | TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 400034612704 04/29/04--01020--001 **15006.25 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: D NAME: FORMAN, SADIE STREET ADDRESS: WESTBURY I-141 CITY-ST-ZIP: DEERFIELD BEACH FL 33442 | <input type="checkbox"/> Delete | TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <i>DM/27</i> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: ST NAME: MOSES, ESTHER STREET ADDRESS: WESTBURY I 150 CITY-ST-ZIP: DEERFIELD BEACH FL 33442 | <input type="checkbox"/> Delete | TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: VP NAME: FIGUERCA, REFAEL STREET ADDRESS: WESTBURY I 142 CITY-ST-ZIP: DEERFIELD BEACH FL 33442 | <input type="checkbox"/> Delete | TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: D NAME: LASSER, SADIE STREET ADDRESS: WESTBURY I 160 CITY-ST-ZIP: DEERFIELD BEACH FL | <input type="checkbox"/> Delete | TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: PD NAME: LEVINSON, MURIEL STREET ADDRESS: WESTBURY I 148 CITY-ST-ZIP: 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 all other like empowered.

SIGNATURE: *Muriel Levinson* Muriel Levinson *20/04 954 570 7843*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #