

**2000 UNIFORM BUSINESS REPORT (UBR)**

2/

**DOCUMENT # 740833**

1. Entity Name

**VENTNOR "L" CONDOMINIUM ASSOCIATION, INC.**

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

02-21-2000 90001 029 \*\*\*\*61.25

Principal Place of Business VENTNOR L 188 CVE DEERFIELD BEACH FL 33442	Mailing Address VENTNOR L 188 CVE DEERFIELD BEACH FL 33442
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State	4. FEI Number <b>59-1923067</b>	Applied For <input type="checkbox"/> Not Applicable
--------------	--------------	------------------------------------	--

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
-----	---------	-----	---------	---

**6. Name and Address of Current Registered Agent**

**CONDO.OWNERS OF CENTURY VILLAGE EAST**  
**3501 WEST DRIVE**  
**DEERFIELD BEACH FL 33442-2085**

**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 \$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**

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SPRINGER, RICHARD	
STREET ADDRESS	VENTNOR L192	
CITY-ST-ZIP	DEERFIELD BCH. FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SCHWARTZ, SYLVIA	
STREET ADDRESS	198 VENTNOR L	
CITY-ST-ZIP	DEERFIELD BCH. FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BERK, HERMAN	
STREET ADDRESS	186 VENTNOR L	
CITY-ST-ZIP	DEERFIELD BCH. FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BROWNSTEIN, JOE	
STREET ADDRESS	188 VENTNOR L	
CITY-ST-ZIP	DEERFIELD BCH. FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROWNSTEIN, FREDA	
STREET ADDRESS	VENTNOR L188	
CITY-ST-ZIP	DEERFIELD BCH. FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	KATCHER, SYLVIA	
STREET ADDRESS	190 VENTNOR L	
CITY-ST-ZIP	DEERFIELD BCH. FL	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESIDENT SCHWARTZ, SYLVIA	
STREET ADDRESS	VENTNOR L-198	
CITY-ST-ZIP	DEERFIELD BEACH. FL	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICE PRESIDENT ESTHER WEINSTEIN	
STREET ADDRESS	VENTNOR L-181	
CITY-ST-ZIP	DEERFIELD BCH, FL	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREASURER FREDA BROWNSTEIN	
STREET ADDRESS	VENTNOR L-188	
CITY-ST-ZIP	DEERFIELD BCH, FL	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SECRETARY & DEL JOSEPH BROWHSTEIN	
STREET ADDRESS	SAME	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>SKULLI</del>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Freda Brownstein, Treasurer*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/00 954-480-6195  
 Date Daytime Phone #