

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90030 011 ****61.25

DOCUMENT # 740833

1. Entity Name

VENTNOR "L" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**VENTNOR L 188 CVE
 DEERFIELD BEACH FL 33442**

**VENTNOR L 188 CVE
 DEERFIELD BEACH FL 33442**

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

59-1923067

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

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

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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* **RETURNED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/02

Date

954-480-6195

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE