

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

0052268

03-08-2001 90022 020 ****61.25

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1. Entity Name

DORSET AT CENTURY VILLAGE CONDOMINIUM ASSOCIATIO

Principal Place of Business

374 DORSET I
 BOCA RATON FL 33434-6115

PRIME MGMT GROUP INC
6300 PARK OF COMMERCE BLV
BOCA RATON FL 33487



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2145895

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WATERMAN, ROBERT E.
374 DORSET I
BOCA RATON FL 33434

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	AVRICH, JOSEPH	DORSET A 17	BOCA RATON FL				
PD	WATERMAN, ROBERT	374 DORSET I	BOCA RATON FL				
EO	BUCKSTEIN, AL	348 DORSET I	BOCA RATON FL		Simon, Isadore	54 Dorset B	Boca Raton, FLA
D	RUGOFF, ROBERT	164 DORSET D	BOCA RATON FL				
S	HOLLANDER, SYLVIA	234 DORSET F	BOCA RATON FL				
V	KOSLOF, IRVING	194 DORSET E	BOCA RATON FL		Simon Franklin	280 Dorset G	Boca Raton, FLA

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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)