

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 746059 (5)

1. Corporation Name

CORNWALL AT CENTURY VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**CORNWALL E 4101
BOCA RATON FL 33434**

Mailing Address

**CORNWALL E 4101
BOCA RATON FL 33434**



3. Date Incorporated or Qualified

02/26/1979

3a. Date of Last Report

03/21/1995

4. FEI Number

59-2006623

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**SWATT, MYRON I
1051 S. ROGERS CIR
BOCA RATON FL 33487**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title in applicable

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	POLANSKY, SEYMOUR	
STREET ADDRESS	CORNWALL B 4023	
CITY-ST-ZIP	BOCA RATON, FLORIDA 0	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	TARK, MARCY	
STREET ADDRESS	CORNWALL A 2016	
CITY-ST-ZIP	BOCA RATON, FLORIDA 0	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BATES, FLORENCE	
STREET ADDRESS	CORNWALL B 3033	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORGANTHAL, ABE	
STREET ADDRESS	CORNWALL E-4082	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DYKOFF, SHELDON	
STREET ADDRESS	CORNWALL C 4053	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KROLL, MELBA	
STREET ADDRESS	CORNWALL C-2057	
CITY-ST-ZIP	BOCA RATON, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/96

Daytime Phone #

CR2E037 (12/95)