

2000 UNIFORM BUSINESS REPORT (UBR)

2.

FILED

Jun 01, 2000 8:00 am
Secretary of State

02-29-2000 90134 010 ****61.25

DOCUMENT # 746059

1. Entity Name

CORNWALL AT CENTURY VILLAGE CONDOMINIUM ASSOCIAT

Principal Place of Business

Mailing Address

CORNWALL E 4101
BOCA RATON FL 33434

CORNWALL E 4101
BOCA RATON FL 33434

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
59-2006623

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWATT, MYRON I
6300 PARK OF COMMERCE BLVD.
BOCA RATON FL 33487

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 ☐ Delete
NAME **P**
STREET ADDRESS **POLANSKY, SEYMOUR**
CITY-ST-ZIP **CORNWALL B 4023**
BOCA RATON, FLORIDA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **TARK, MARCY**
CITY-ST-ZIP **2014-A CORNWALL**
BOCA RATON FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **BATES, FLORENCE**
CITY-ST-ZIP **CORNWALL B 3033**
BOCA RATON FL

TITLE ☒ Change ☒ Addition
NAME **THEODORE FORMAN**
STREET ADDRESS **CORNWALL B 2037**
CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **BLACKMAN, IRVING**
CITY-ST-ZIP **4081 E. CORNWALL**
BOCA RATON FL

TITLE ☒ Change ☒ Addition
NAME **MORGENHAU ABRAHAM**
STREET ADDRESS **CORNWALL E 4084**
CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **GELLERMAN, GLORIA**
CITY-ST-ZIP **CORNWALL C 3050**
BOCA RATON FL

TITLE ☒ Change ☒ Addition
NAME **GELLERMAN, LEONARD**
STREET ADDRESS **CORNWALL C 3050**
CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **KROLL, MELBA**
CITY-ST-ZIP **CORNWALL C-2057**
BOCA RATON, FL 00000

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

5/25/00