

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED

Jun 27, 2001 8:00 am
Secretary of State

05-18-2001 91240 038 ****61.25

DOCUMENT # 746059

1. Entity Name

Cornwall at Century Village Condo

Principal Place of Business

6300 PARK OF COMMERCE BLVD
BOCA RATON, FL 33489

Mailing Address

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

Polansky
4023 Cornwall B
BOCA RATON, FL 33434

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

[Signature]

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW
FEE IS \$67.25

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 SYMBIONE	☐ Delete
NAME	Polansky	
STREET ADDRESS	4023 Cornwall B	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	VP	☐ Delete
NAME	Marcy Turk	
STREET ADDRESS	2014 Cornwall A	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	Treas	☐ Delete
NAME	MICHA KROLL	
STREET ADDRESS	2057 Cornwall C	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	SC	☐ Delete
NAME	Paula Vicker	
STREET ADDRESS	3022 Cornwall B	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	D	☐ Delete
NAME	LEW DEVOE	
STREET ADDRESS	2015 Cornwall A	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	D	☐ Delete
NAME	TED FARMAN	
STREET ADDRESS	2016 Cornwall B	
CITY-ST-ZIP	BOCA RATON, FL 33434	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	☐ Change ☒ Addition
NAME	A. MORGENTHAU	
STREET ADDRESS	4064 CORNWALL C	
CITY-ST-ZIP	B.R. FL. 33434	
TITLE	D	☐ Change ☒ Addition
NAME	L. GELFORD	
STREET ADDRESS	3050 CORNWALL C	
CITY-ST-ZIP	B.R. FL. 33434	
TITLE	D	☐ Change ☒ Addition
NAME	H. LEIDER	
STREET ADDRESS	4077 CORNWALL D	
CITY-ST-ZIP	B.R. FL. 33434	
TITLE	D	☐ Change ☒ Addition
NAME	A. HECHT	
STREET ADDRESS	CORNWALL A	
CITY-ST-ZIP	B.R. FL. 33434	
TITLE	D	☐ Change ☒ Addition
NAME	G. SCHARFBERG	
STREET ADDRESS	2041 CORNWALL C	
CITY-ST-ZIP	B.R. FL. 33434	
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)(f), 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]

NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/95)