

4-11-95 6-3355-C
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95 APR 11 PM 2:06

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 746061 (1)

1. Corporation Name

BRIGHTON AT CENTURY VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

PO-BOX 340083
 BOCA RATON FL 33434
 BRIGHTON A-39
 BOCA RATON FL 33434

PO-BOX 340083
 BOCA RATON FL 33434
 BRIGHTON A-39
 BOCA RATON FL 33434

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/26/1979** 3a. Date of Last Report **03/08/1994**

4. FEI Number **59-2042074** Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GREENHUT, SAM
 BRIGHTON A 39
 BOCA RATON FL 33434**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

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

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DPT**
 NAME **GREENHUT, SAM**
 STREET ADDRESS **BRIGHTON A, APT. 39**
 CITY-ST-ZIP **BOCA RATON, FL 00000**

11 TITLE Change Addition
 12 NAME
 13 STREET ADDRESS
 14 CITY-ST-ZIP

TITLE **VD**
 NAME **ROTHENBERG, MORRIS**
 STREET ADDRESS **BRIGHTON B 44**
 CITY-ST-ZIP **BOCA RATON, FL 00000**

21 TITLE Change Addition
 22 NAME
 23 STREET ADDRESS
 24 CITY-ST-ZIP

TITLE **S**
 NAME **SCHWARTZ, ROZ *Sandra Jacobs***
 STREET ADDRESS **214 BRIGHTON F 243 *Eleanor Stollowitz***
 CITY-ST-ZIP **BOCA RATON, FL 00000 *FL 200***

31 TITLE Change Addition
 32 NAME
 33 STREET ADDRESS
 34 CITY-ST-ZIP

TITLE **D**
 NAME **JACOBS, SAM**
 STREET ADDRESS **BRIGHTON F 243**
 CITY-ST-ZIP **BOCA RATON FL**

41 TITLE Change Addition
 42 NAME
 43 STREET ADDRESS
 44 CITY-ST-ZIP

TITLE **D**
 NAME **BRIGHTON, FRED**
 STREET ADDRESS **BRIGHTON G, APT. 287**
 CITY-ST-ZIP **BOCA RATON FL**

51 TITLE Change Addition
 52 NAME
 53 STREET ADDRESS
 54 CITY-ST-ZIP

TITLE **D**
 NAME **MORRIS, DR. HUGH *Tillie Rosen***
 STREET ADDRESS **83 BRIGHTON C *114 B.H.C***
 CITY-ST-ZIP **BOCA RATON FL**

61 TITLE Change Addition
 62 NAME
 63 STREET ADDRESS
 64 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 110.07(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 checked, or on a call adjustment with an address.

SIGNATURE:

Sam Greenhut

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #