

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 # 746061 (1)

1. Corporation Name

BRIGHTON AT CENTURY VILLAGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

BRIGHTON A-39
BOCA RATON FL 33434
US

~~BRIGHTON A-39~~ *6300 Park of Commerce Blvd*
BOCA RATON FL 33434
US *Boca Raton, FL 33487*

3. Date Incorporated or Qualified **02/26/1979** 3a. Date of Last Report **04/11/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-2042074	Applied For	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	25	Country	29	Zip	30	Country
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
85	Zip Code

FL

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENHUT, SAM	1.2 NAME	
STREET ADDRESS	BRIGHTON A, APT. 39	1.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON, FL 00000	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	PD- <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTHENBERG, MORRIS	2.2 NAME	
STREET ADDRESS	BRIGHTON B 44	2.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON, FL 00000	2.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOLLOWITZ, ELEANOR	3.2 NAME	
STREET ADDRESS	222 BRIGHTON F.E-200	3.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, SAM	4.2 NAME	
STREET ADDRESS	BRIGHTON F 243	4.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHTON, FRED	5.2 NAME	
STREET ADDRESS	BRIGHTON G, APT. 267	5.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEN, TILLIE	6.2 NAME	
STREET ADDRESS	114 BRIGHTON C	6.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	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:

Morris Rothenberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/96
Date

Daytime Phone #

CR2E037 (12/95)