FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Apr 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Securitary of State
DIVISION OF CORPORATIONS

*1997
DOCUMENT #

746061

(1)

BRIGHTON AT CENTURY VILLAGE CONDOMINIUM ASSOCIATION, INC.

ION, IN	IC.				
Principal Plac	e of Business	Mailing Address			
BRIGHTON A-39 BOCA RATON I US		6300 PARK OF COMMERECE BOCA RATON FL 33487-8229 US			
				3. Date Incorporated or Qualified 02/26/1979 03/08/1996	
2. Principal P	lace of Business	2a. Mailing Address 26		4. FEI Number Applied F 59-2042074 Not Applie	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Addition	
22		27		Fee Required	,
City & State	ė	City & State		6. Election Campaign Financing \$5.00 May Br Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.03	32,
24	[25]	29 3	0	Ftorida Statutes Yes No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name					
ADECNIA	HIT CALL MAN COME	PATHEMATOR		MORRIS ROTHENBERG	
BRIGHT	NUT, SAM MORRIS	POTHENBERG- ON 1344	82 Street Ad	odress (P.O. Box Number is Not Acceptable)	
	ATON FL 33434	0N 12 44	83	BEIGHTON B 44	
200/(10			0.1		
			. 84 City	BOCA RATON FL 185 3393	4
11. Pursuant	to the provisions of Sections 617.0)502 and 617.1508, Florida Statutes	, the above-named co	orporation submits this statement for the purpose of changing its regist	ered
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, Seption 617,0503, Florida Statutes.					
SIGNATURE	momo C	form being	Rogistered Agent signature rec	PREGIDENT 3/11/97	
12.	Signature, type) or printed name of registeres	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	,
TITLE	PD	DELETE	1.1 THLE		dition
NAME	ROTHENBERG, MORRIS		1.2 NAME		
STREET ADDRESS	BRIGHTON B 44		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 00000		1.4 CITY-ST-ZIP		
TITLE	8	☐ DELETE	2.1 TITLE	☐ Change ☐ Ad	dilion
NAME	STOLLOWITZ, ELEANOR		2.2 NAME		
STREET ADDRESS	222 BRIGHTON F.E-200		2.3 STREET ADDRESS		l
CITY-ST-ZIP	BOCA RATON FL	Driete	2. 4 CITY-ST-ZIP		1.000
TITLE	D CODE CAM	☐ DELETE	3.1 TOLE	Change	sallion
NAME	JACOBS, SAM BRIGHTON F 243		3.2 NAME		- 1
STREET ADDRESS	BOCA RATON FL		3.3 STREET ADDRESS	×.	
CITY-ST-ZIP TITLE	D	DELETE	3.4 CITY-ST-ZIP	☐ Change ☐ Ad	Idition
NAME	RICHTON, FRED		4. 2 NAME		
STREET ADDRESS	BRIGHTON G, APT. 267		4.3 STREET ADDRESS		İ
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Ad	dition
NAME	ROSEN, TILLIE		5 2 NAME		
STREET ADDRESS	114 BRIGHTON C		5 3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		54 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	Change Ad	ldition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. I do 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 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.