

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 08, 1999 8:00 am**  
**Secretary of State**

04-08-1999 90110 008 \*\*\*\*61.25

0040556

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 746061**

1. Corporation Name

**BRIGHTON AT CENTURY VILLAGE CONDOMINIUM ASSOCIAT  
 ION, INC.**

Principal Place of Business

BRIGHTON A-39  
 BOCA RATON FL 33434  
 US

Mailing Address

6300 PARK OF COMMERCE  
 BOCA RATON FL 33484  
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

02/26/1979

4. FEI Number

59-2042074

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Election Campaign Financing  
 Trust Fund Contribution

**\$5.00** May Be  
 Added to Fees

9. Name and Address of Current Registered Agent

ROTHENBURG, MORRIS  
 BRIGHTON B 44  
 BOCA RATON FL 33434

10. Name and Address of New Registered Agent

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 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

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

TITLE S  DELETE  
 NAME STOLLOWITZ, ELEANOR  
 STREET ADDRESS 222 BRIGHTON F.E-200  
 CITY-ST-ZIP BOCA RATON FL

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

TITLE D  DELETE  
 NAME RICHTON, FRED  
 STREET ADDRESS BRIGHTON G, APT. 267  
 CITY-ST-ZIP BOCA RATON FL

TITLE D  DELETE  
 NAME ~~ROSEN, TILLIE~~  
 STREET ADDRESS 114 BRIGHTON G  
 CITY-ST-ZIP BOCA RATON FL

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

Bernie Silverman  
 325 Brighton H  
 Boca Raton, FL

14. 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 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, with all other like empowered.

SIGNATURE:

*SIGNATURE*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/99

Date

Daytime Phone #

CR2E037-(1/198)