

2001 UNIFORM BUSINESS REPORT (UBR)

3.

FILED
Apr 16, 2001 8:00 am
Secretary of State

03-12-2001 90420 038 ****61.25

DOCUMENT # 746061

1. Entity Name

BRIGHTON AT CENTURY VILLAGE CONDOMINIUM ASSOCIAT

Principal Place of Business

Mailing Address

BRIGHTON A-39
 BOCA RATON FL 33434
 US

PRIME MGMT GROUP INC
6300 PARK OF COMMERCE BLV
BOCA RATON FL 33487

36619



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2042074

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROTHENBERG, MORRIS
BRIGHTON B 44
BOCA RATON FL 33434

7. Name and Address of New Registered Agent

Name

SWATT, MYCOS

Street Address (P.O. Box Number is Not Acceptable)

6300 Park of Commerce Bl

City

Boca Raton

FL

Zip Code

33434

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 typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

4/3/01

**FILE NOW:
 FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE PD Change Addition
 NAME STOLLOWITZ, ELEANOR
 STREET ADDRESS 222 Brighton E
 CITY-ST-ZIP Boca Raton, FLA

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

TITLE KAST, DAN Change Addition
 NAME KAST, DAN
 STREET ADDRESS 379 Brighton J
 CITY-ST-ZIP Boca Raton, FLA

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME SILVERMEN, BERNIE
 STREET ADDRESS 325 BRIGHTON H
 CITY-ST-ZIP BOCA RATON FL

TITLE Goldman, Carol Change Addition
 NAME Goldman, Carol
 STREET ADDRESS 297 Brighton H
 CITY-ST-ZIP Boca Raton, FLA

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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)(i), 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:

Eleanor Stollowitz
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)