




2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90525 006 ****61.25

| | | | | | |
|---|----------------------|--|---|--|--|
| DOCUMENT # 746061 | | | |  | |
| 1. Entity Name BRIGHTON AT CENTURY VILLAGE CONDOMINIUM ASSOCIATION, 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 BRIGHTON E200 Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-2042074 | |
| Applied For Not Applicable | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SWATT, MYRONS 6300 PARK OF COMMERCE BLVD. BOCA RATON, FL 33434 | | | 7. Name and Address of New Registered Agent | | |
| Name | | | Name | | |
| Street Address (P.O. Box Number is Not Acceptable) | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| City | | | City | | |
| FL | | | Zip Code | | |
| 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | STOLLOWITZ, ELEANOR | | NAME | | |
| STREET ADDRESS | 200 BRIGHTON E | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON, FL | | CITY-ST-ZIP | 33434 | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | KAST, DAN | | NAME | | |
| STREET ADDRESS | 379 BRIGHTON J | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON, FL | | CITY-ST-ZIP | 33434 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | JACOBS, SAM | | NAME | LENNY ROSEN | |
| STREET ADDRESS | BRIGHTON F 243 | | STREET ADDRESS | BRIGHTON A 11 | |
| CITY-ST-ZIP | BOCA RATON, FL | | CITY-ST-ZIP | BOCA RATON, FL 33434 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | RICHTON, FRED | | NAME | | |
| STREET ADDRESS | BRIGHTON G, APT. 267 | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON, FL | | CITY-ST-ZIP | 33434 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | CAPELLO, LOU | | NAME | | |
| STREET ADDRESS | 416 BRIGHTON J | | STREET ADDRESS | 410 BRIGHTON J | |
| CITY-ST-ZIP | BOCA RATON, FL | | CITY-ST-ZIP | 33434 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | GLEIT, ARTHUR | | NAME | EILEEN SEGAL | |
| STREET ADDRESS | 376 BRIGHTON I | | STREET ADDRESS | 355 BRIGHTON I | |
| CITY-ST-ZIP | BOCA RATON, FL | | CITY-ST-ZIP | BOCA RATON, FL 33434 | |
| 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: <i>Eleanor Stollowitz</i> | | | ELEANOR STOLLOWITZ | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date | | |
| | | | 4/20/04 | | |
| | | | 561-479-3776 | | |
| | | | Daytime Phone # | | |

Attachment 746061
2004 Not - For - Profit Corporation Annual Report

Brighton - Document # 746061

FEI# - 59-2042074

54041029

Changes/ Additions:

D Harold Feldman
75 Brighton B
Boca Raton, FL 33434

S Eleanor F. Nucci
174 Brighton E
~~Boca Raton, FL 33434~~

D Tille Rosen
114 Brighton C
Boca Raton, FL 33434

D Norman Goldman
297 Brighton H
Boca Raton, FL 33434