


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90046 044 ****61.25

DOCUMENT # 746061

1. Entity Name
BRIGHTON AT CENTURY VILLAGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
BRIGHTON E-200
BOCA RATON, FL 33434 US

Mailing Address
6300 PARK OF COMMERCE
BOCA RATON, FL 33484 US



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03242005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2042074

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SWATT, MYRONS
6300 PARK OF COMMERCE BLVD.
BOCA RATON, FL 33434

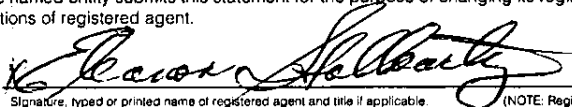
7. Name and Address of New Registered Agent

Name **ELEANOR STOLLOWITZ**

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25**
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**


10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	STOLLOWITZ, ELEANOR	
STREET ADDRESS	200 BRIGHTON E	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	T	<input type="checkbox"/> Delete
NAME	KAST, DAN	
STREET ADDRESS	379 BRIGHTON J	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROSEN, LENNY	
STREET ADDRESS	BRIGHTON A11	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIGHTON, FRED	
STREET ADDRESS	BRIGHTON G, APT. 267	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAPELLO, LOU	
STREET ADDRESS	410 BRIGHTON J	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEGAL, EILEEN	
STREET ADDRESS	355 BRIGHTON I	
CITY-ST-ZIP	BOCA RATON, FL 33434	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE **3/29/05** Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR