


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90019 049 \*\*\*\*61.25

**DOCUMENT # 746061**

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



Principal Place of Business  
 BRIGHTON D-139  
 BOCA RATON, FL 33434 US

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



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

02042008 Chg-NP CR2E037 (12/06)

City & State  
 Zip Country

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  
 STOLLOWITZ, ELLEANOR  
 200 BRIGHTON E  
 BOCA RATON, FL 33434

7. Name and Address of New Registered Agent

Name **Kersh, Richard**

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

City **Boca Raton, Fl.** **FL** **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 *Richard Kersh* **Richard Kersh** **2-12-08**

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, 2008**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD KERSH, RICHARD 139 BRIGHTON D BOCA RATON, FL 33434	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD WALCOE, JERRY 75 BRIGHTON I BOCA RATON, FL 33434	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NUCCI, ELEANOR 174 BRIGHTON E. BOCA RATON, FL 33434	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FELDMAN, HAROLD BRIGHTON G, APT. 267 BOCA RATON, FL 33434	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, GARRY 394 BRIGHTON J BOCA RATON, FL 33434	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHTON, FRED BRIGHTON G, APT 267 BOCA RATON, FL 33434	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSEN, ANITA 11 Brighton A Boca Raton, Fl 33434	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRIEDMAN, LARRY 184 BRIGHTON E BOCA RATON, FL 33434	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NUCCI, ELEANOR 174 BRIGHTON E. BOCA RATON, FL 33434	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODMAN, PETE 318 BRIGHTON H BOCA RATON, FL 33434	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSEN, TILLIE 114 Brighton C Boca Raton, FL. 33434	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORBEL, LARRY 237 Brighton F Boca Raton, FL. 33434	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Richard Kersh* **Richard Kersh** **2-12-08** **561-477-1515**

Signature and typed or printed name of signing officer or director Date Daytime Phone #