

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

03-15-2001 90017 046 ****61.25

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1. Entity Name

HYTHE AT CENTURY VILLAGE CONDOMINIUM ASSOCIATION

Principal Place of Business

~~HYTHE C 2004~~
 BOCA RATON FL 33434-3699

PRIME MANAGEMENT GROUP
 6300 PARK OF COMMERCE BLV
 BOCA RATON FL 33487

67063

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2241949

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

7. Name and Address of New Registered Agent

PABORSKY, LOUISE
 HYTHE C 2004
 BOCA RATON FL 33434

JEANNE E. EPSTEIN
 1011 HYTHE A

Name SASATT, Myron % Prime Mgmt
 Street Address (P.O. Box Number is Not Acceptable)
6300 Park of Commerce Bld
Boca Raton
 City FL Zip Code 33487

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 by duly printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
VD	PABORSKY, LOUISE	HYTHE C4054	BOCA RATON FL		JEANNE EPSTEIN	1011 HYTHE A	BOCA RATON, FLA
VD	FRIEDEL, SELIGMAN	HYTHE A 3004	BOCA RATON FL		ROBERTA HABERMAN	4026 HYTHE B	BOCA RATON, FLA
D	PASSMAN, FLORENCE	HYTHE B 1022	BOCA RATON FL		JACK ATKINS	3026 HYTHE B	BOCA RATON FLA
VD	WAXENBERG, SID	HYTHE C 2046	BOCA RATON FL		STANLEY SIEGEL	2046 HYTHE A	BOCA RATON, FLA

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:

SASATT, Myron
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/2/2001 483-5346

CR2E037 (10/00)