

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90107 028 ****61.25

DOCUMENT # 754374

1. Entity Name

PRESTON AT CENTURY VILLAGE CONDOMINIUM ASSOCIATI

Principal Place of Business

Mailing Address

**%PRIME MANAGEMENT GROUP
 1051 S ROGERS CIRCLE
 BOCA RATON FL 33487**

**6300 PARK OF COMMERCE BLVD
 1051 S ROGERS CIRCLE
 BOCA RATON FL 33487-2816
 US**



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

59-2204264

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

**SWATT, MYRON I.
 PRIME MANAGEMENT GROUP, INC.
 1051 S ROGERS CIRCLE
 BOCA RATON FL 33487**

Name

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

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.

SIGNATURE

Signature, typed or 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	PD	<input type="checkbox"/> Delete
NAME	ZAPEN, NORMA <i>NORMA</i>	
STREET ADDRESS	319 PRESTON HWY	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WILLIAM, TURKEL	
STREET ADDRESS	PRESTON C-114	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BERMAN, NORMA	
STREET ADDRESS	256 PRESTON	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	PASTMAN, ADELE	
STREET ADDRESS	A3 PRESTON	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Pres.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Norma Zapen</i>	
STREET ADDRESS	<i>319 PRESTON - H</i>	<i>33434</i>
CITY-ST-ZIP	<i>BOCA RATON, FL</i>	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>William Turkel</i>	
STREET ADDRESS	<i>Preston C 114</i>	
CITY-ST-ZIP	<i>Boca Raton Fl 33434</i>	
TITLE	<i>Norma Belman</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>256 Preston C</i>	
STREET ADDRESS	<i>Boca Raton, Fla. 33434</i>	<i>SEC.</i>
CITY-ST-ZIP		
TITLE	VIC PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>PASTMAN, ADELLE</i>	
STREET ADDRESS	<i>3 PRESTON A</i>	
CITY-ST-ZIP	<i>BOCA RATON, FL. 33434</i>	
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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)