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Apr 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **764795** (1)

1. Corporation Name

WOLVERTON AT CENTURY VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**PRIME MANAGEMENT
1051 S. ROGERS CIR
BOCA RATON FL 33434
US**

**PRIME MANAGEMENT
6300 PARK OF COMMERCE BLVD
BOCA RATON FL 33487-8229
US**

3. Date Incorporated or Qualified
09/01/1982

3a. Date of Last Report
03/11/1996

2. Principal Place of Business

2a. Mailing Address

21 **6300 Park of Commerce Blvd**
Suite, Apt. #, etc.

26 **6300 Park of Commerce Blvd**
Suite, Apt. #, etc.

4. FEI Number
59-2397579

Applied For
Not Applicable

22 City & State
Boca Raton FL

27 City & State
Boca Raton FL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip
33487

28 Zip
33487

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 Country

29 Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**CUSTOM PROPERTY MGMT.
PRIME MANAGEMENT GROUP, INC.
BOCA RATON FL 33434**

10. Name and Address of New Registered Agent

81 Name

MYRON SWATT

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

6300 Park of Commerce Blvd

83

84 City
Boca Raton

FL

85 Zip Code
33487

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **MYRON SWATT**
Signature typed or printed name of registered agent and not applicable

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, JESSE	
STREET ADDRESS	4081 WOLVERTON E	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GLICENSTEIN, BERNARD	
STREET ADDRESS	4054 WOLVERTON C	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GELETER, LEE	
STREET ADDRESS	1033 WOLVERTON B	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	SATZ, GEORGE	
STREET ADDRESS	2019 WOLVERTON A	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSMAN, RICHARD	
STREET ADDRESS	1075 WOLVERTON D	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MACHTIGAL, JOHN	
STREET ADDRESS	2055 WOLVERTON C.	
CITY-ST-ZIP	BOCA RATON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **George Satz** REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/97

Date

Daytime Phone # 0045138

CR2E037 (9/96)