

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90031 014 \*\*\*\*61.25

**DOCUMENT # 764795**

1. Entity Name  
**WOLVERTON AT CENTURY VILLAGE CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business  
**6300 PARK OF COMMERCE BLVD.  
1051 S. ROGERS CIR  
BOCA RATON, FL 33434 US**

Mailing Address  
**PRIME MANAGEMENT GROUP INC.  
6300 PARK OF COMMERCE BLVD  
BOCA RATON, FL 33487 US**

40012487



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01232006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**59-2397579**

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

**GELETER, LEON  
1033 WOLVERTON B  
BOCA RATON, FL 33434**

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

SIGNATURE

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, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD1	<input type="checkbox"/> Delete
NAME	SMITH, JESSE	
STREET ADDRESS	4081 WOLVERTON E	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEROTKIN, ROSE	
STREET ADDRESS	3046 WOLVERTON C	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	DP	<input type="checkbox"/> Delete
NAME	GELETER, LEON	
STREET ADDRESS	1033 WOLVERTON B	
CITY-ST-ZIP	BOCA RATON, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRANKEL, SALLY	
STREET ADDRESS	3078 WOLVERTON D	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROSE, HELEN	
STREET ADDRESS	4033 WOLVERTON B	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	VD2	<input type="checkbox"/> Delete
NAME	BENJAMIN, JOE	
STREET ADDRESS	1001 WOLVERTON A	
CITY-ST-ZIP	BOCA RATON, FL 33434	

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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/06

521-488-1605

Daytime Phone #