

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90356 014 \*\*\*\*61.25

**DOCUMENT # N00000001938**

1. Entity Name  
**CENTURY VILLAGE KENT B CONDOMINIUM ASSOCIATION,**

Principal Place of Business      Mailing Address  
 28 KENT B CONDOMINIUM      28 KENT B CONDOMINIUM  
 CENTURY VILLAGE      CENTURY VILLAGE  
 WEST PALM BEACH FL 33417-2134      WEST PALM BEACH FL 33417-2134

030131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**KENT B CONDO.**      **KENT B CONDO**

Suite, Apt. #, etc.  
**# 22**      **# 22**

City & State      City & State  
**W. PALM BEACH, FL**      ~~FLORIDA~~ **W. PALM BEACH FL**

Zip      Country      Zip      Country  
**33417**      **U.S.A.**      **33417**      **U.S.A.**

4. FEI Number      Applied For  
**59-1638488**       Not Applicable

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

**SACK, WILLIAM**  
 28 KENT B CONDOMINIUM  
 CENTURY VILLAGE  
 WEST PALM BEACH FL 33417-2134

Name      **JAMES CULLIPHER**  
 Street Address (P.O. Box Number is Not Acceptable)  
**22 KENT B**  
**CENTURY VILLAGE**  
 City      State      Zip Code  
**W. PALM BEACH**      **FL**      **33417**

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: *James A. Cullipher*      DATE: **3/1/01**  
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	<b>SACK, WILLIAM</b>	
STREET ADDRESS	<b>28 KENT B CONDOMINIUM, CENTURY VILLAGE</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33417-2134</b>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>CULLIPHER, JAMES JR.</b>	
STREET ADDRESS	<b>22 KENT B CONDOMINIUM, CENTURY VILLAGE</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33417</b>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	<b>YALLEN, BETTY</b>	
STREET ADDRESS	<b>20 KENT B CONDOMINIUM, CENTURY VILLAGE</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33417</b>	
TITLE	TD	<input type="checkbox"/> Delete
NAME	<b>SACK, LORRAINE</b>	
STREET ADDRESS	<b>28 KENT B CONDOMINIUM, CENTURY VILLAGE</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33417-2134</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>KRAVETZ, HAROLD</b>	
STREET ADDRESS	<b>17 KENT B CONDOMINIUM, CENTURY VILLAGE</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33417</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JAMES CULLIPHER</b>	
STREET ADDRESS	<b>22 KENT B - CENTURY VILLAGE</b>	
CITY-ST-ZIP	<b>W. PALM BEACH FL 33417</b>	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAROLD KRAVETZ</b>	
STREET ADDRESS	<b>17 KENT B - CENTURY VILLAGE</b>	
CITY-ST-ZIP	<b>W. PALM BEACH FL 33417</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>→ SAME</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>→ SAME</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAM SACK</b>	
STREET ADDRESS	<b>28 KENT B - CENTURY VILLAGE</b>	
CITY-ST-ZIP	<b>W. PALM BEACH FL 33417</b>	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GEORGE La COSTA</b>	
STREET ADDRESS	<b>3099 M EDINOH CIRCLE</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33437</b>	

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: *James A. Cullipher*      DATE: **3/1/01**      Daytime Phone #: **561-848-0648**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (10/00)