

2000 UNIFORM BUSINESS REPORT (UBR)

1/

FILED
Apr 28, 2000 8:00 am
Secretary of State

01-25-2000 90102 029 ****61.25

DOCUMENT # N98000002725

1. Entity Name

PLYMOUTH AT CENTURY VILLAGE CONDOMINIUM #V ASSOC

Principal Place of Business
143 PLYMOUTH S
150 PLYMOUTH V, CENTURY VILLAGE
WEST PALM BEACH FL 33417

Mailing Address
143 PLYMOUTH S
150 PLYMOUTH V, CENTURY VILLAGE
WEST PALM BEACH FL 33417

2. Principal Place of Business

143 PLYMOUTH S
Suite, Apt. #, etc.

3. Mailing Address

143 PLYMOUTH S
Suite, Apt. #, etc.

City & State
WPB, FL

City & State
WPB, FL

4. FEI Number
59-2371892

Applied For
Not Applicable

Zip
33417

Country
Palm Bch

Zip
33417

Country
Palm Bch

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TUBIN, ROSE
158 PLYMOUTH V, CENTURY VILLAGE
WEST PALM BEACH FL 33417

7. Name and Address of New Registered Agent

Name
MARTHA KANTERMAN

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

143 PLYMOUTH S

City
West Palm Bch FL

Zip Code
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.

MARTHA KANTERMAN

SIGNATURE
Martha Kanterman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/15/00

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ABERMAN, STANLEY
0116 PLYMOUTH V
WEST PALM BEACH FL 33417 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
TUBIN, ROSE
158 PLYMOUTH V, CENTURY VILLAGE
WEST PALM BEACH FL 33417 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
CABOT, RAE
T-150 PLYMOUTH V, CENTURY VILLAGE
WEST PALM BEACH FL 33417 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
KANTERMAN, MARTHA
S-143 PLYMOUTH V, CENTURY VILLAGE
WEST PALM BEACH FL 33417 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
HELLER, LEON
W116 PLYMOUTH V
WPB FL 33417 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
GOLFIN, IRMA
W163 PLYMOUTH V
WEST PALM BEACH FL 33417 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CO-PRESIDENT
IRMA GOLFIN
163 PLYMOUTH W
WPB, FL 33417 ☒ Change ☐ Additor

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
JUDY PRINZ
159 PLYMOUTH V
WPB, FL 33417 ☒ Change ☐ Additor

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
ALBERT PRINZ
159 PLYMOUTH V
WPB, FL 33417 ☒ Change ☐ Additor

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
ABERMAN STANLEY
116 PLYMOUTH S
WPB, FL 33417 ☒ Change ☐ Additor

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Additor

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Additor

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: **Martha Kanterman**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/00 **561/471/9146**
Date Daytime Phone