

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90078 044 \*\*\*\*61.25

0033902

**DOCUMENT # N98000002725**  
 1. Entity Name  
**PLYMOUTH AT CENTURY VILLAGE CONDOMINIUM #V ASSOCIATION, INC.**

Principal Place of Business <b>143 PLYMOUTH S. WEST PALM BEACH FL 33417</b>	Mailing Address <b>143 PLYMOUTH S. WEST PALM BEACH FL 33417</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
~~TUBIN, ROSE~~ **DELETE**  
~~143 PLYMOUTH S~~  
~~WEST PALM BEACH FL 33417~~

7. Name and Address of New Registered Agent  
 Name **PRINZ, J.A.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**159 PLYMOUTH V**  
 City **WEST PALM BEACH FL** Zip Code **33417-1663**

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 J.A. Prinz DATE 2/28/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ABERMAN, STANLEY</b> <b>0-116 PLYMOUTH V</b> <b>WEST PALM BEACH FL 33417</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>PRNZ, ALBERT</b> <b>V159 PLYMOUTH V</b> <b>WEST PALM BEACH FL 33417</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>PRINZ, JUDY</b> <b>V159 PLYMOUTH V</b> <b>WEST PALM BEACH FL 33417</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>KANTERMAN, MARTHA</b> <b>S-143 PLYMOUTH V</b> <b>WEST PALM BEACH FL 33417</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ETTLINGER, ROSALYN</b> <b>V-160 PLYMOUTH V</b> <b>WEST PALM BEACH FL 33417</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GERSONY KATZ, CYNTHIA</b> <b>P-129 PLYMOUTH V</b> <b>WEST PALM BEACH FL 33417</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PRINZ, J.A.</b> <b>159 PLYMOUTH V</b> <b>WEST PALM BEACH, FL 33417-1663</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>← PRINZ</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>GOLFIN, IRMA</b> <b>163 PLYMOUTH W</b> <b>WEST PALM BEACH, FL 33417-1663</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ADAMS, LLOYD</b> <b>155 PLYMOUTH V</b> <b>WEST PALM BEACH, FL 33417-1663</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCHWARTZ, AL</b> <b>147 PLYMOUTH T</b> <b>WEST PALM BEACH, FL 33417-1663</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WALLACE, MARILYN</b> <b>126 PLYMOUTH P</b> <b>WEST PALM BEACH, FL 33417-1663</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: J.A. Prinz **REQUIRED** 2-26-02 (56) 686-9176

CR2E037 (9/01)