

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90049 029 ****61.25

DOCUMENT # 751446

1. Entity Name

MANSFIELD AT CENTURY VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**PRIME MANAGEMENT
 6300 PARK OF COMMERCE BLVD
 BOCA RATON FL 33434
 US**

**PRIME MANAGEMENT
 6300 PARK OF COMMERCE BLVD
 BOCA RATON FL 33434
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2056570

Applied For

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

**COHEN, BERNARD
 MANSFIELD C-122
 BOCA RATON FL 33434**

C-122

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.

SIGNATURE:

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 ☐ Delete
 NAME **D**
 STREET ADDRESS **SCHILLER, MORRIS**
 CITY-ST-ZIP **MANSFIELD G 490**
BOCA RATON FL

TITLE ☐ Change ☒ Addition
 NAME **Landesman, ABE**
 STREET ADDRESS **Mansfeld G 261**
 CITY-ST-ZIP **Boca Raton, FLA**

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **COHEN, BERNARD**
 CITY-ST-ZIP **MANSFIELD C122**
BOCA RATON FL 33434

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

TITLE ☐ Delete
 NAME **D2VP**
 STREET ADDRESS **BENERMERTO, ED**
 CITY-ST-ZIP **MANSFIELD M-523**
BOCA RATON FL 33434

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

TITLE ☒ Delete
 NAME **TD**
 STREET ADDRESS **PAYSON, BEN**
 CITY-ST-ZIP **580 MANSFIELD N**
BOCA RATON FL 33434

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

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **GREENSPAN, SEYMOUR**
 CITY-ST-ZIP **MANSFIELD H332**
BOCA RATON FL 33434

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **NICOLOSI, STEVE**
 CITY-ST-ZIP **11 MANSFIELD A**
BOCA RATON FL

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Confirm Phone #

CR2E037 (9/01)