

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754374

FILED
Feb 09, 2009
Secretary of State

Entity Name: PRESTON AT CENTURY VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

%PRIME MANAGEMENT GROUP
6300 PARK OF COMMERCE BLVD.
BOCA RATON, FL 334878290

New Principal Place of Business:

Current Mailing Address:

6300 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487 US

New Mailing Address:

FEI Number: 59-2204264 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PASTMAN, ADELLE
3 PRESTON A
BOCA RATON, FL 33434 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PASTMAN, ADELLE
Address: 3 PRESTON A
City-St-Zip: BOCA RATON, FL 33434

Title: TD () Delete
Name: RUBIN, CLAIRE
Address: PRESTON E-208
City-St-Zip: BOCA RATON, FL 33434

Title: D () Delete
Name: SCHWARTZ, SIDNEY
Address: 133 PRESTON D
City-St-Zip: BOCA RATON, FL 33434

Title: VD () Delete
Name: VINIKOFF, SHEILA
Address: 318 PRESTON 14
City-St-Zip: BOCA RATON, FL 33434

Title: D () Delete
Name: JACKMAN, LARRY
Address: 80 PRESTON B
City-St-Zip: BOCA RATON, FL 33434

Title: SD () Delete
Name: KRINER, ESTHER
Address: 339 PRESTON I
City-St-Zip: BOCA RATON, FL 33434

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: VINIKOFF, SHEILA
Address: 318 PRESTON H
City-St-Zip: BOCA RATON, FL 33434

Title: D (X) Change () Addition
Name: CHELOTTI, KAREN
Address: 105 PRESTON C
City-St-Zip: BOCA RATON, FL 33434

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADELLE PASTMAN

PD

02/09/2009

Electronic Signature of Signing Officer or Director

_____ Date