

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 746061

**FILED**  
**Mar 07, 2022**  
**Secretary of State**  
**5578355827CC**

**Entity Name:** BRIGHTON AT CENTURY VILLAGE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

FIRST SERVICE RESIDENTIAL  
9045 LA FONTANA BLVD., SUITE 219  
BOCA RATON, FL 33434

**Current Mailing Address:**

FIRST SERVICE RESIDENTIAL  
9045 LA FONTANA BLVD., SUITE 219  
BOCA RATON, FL 33434 US

**FEI Number: 59-2042074**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WASSERSTEIN, P.A.  
301 YAMATO ROAD - STE. 2199  
BOCA RATON, FL 33431 US

*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

**Officer/Director Detail :**

Title DIRECTOR  
Name WALCOE, JEROME  
Address 351 BRIGHTON I  
City-State-Zip: BOCA RATON FL 33434

Title VP, TREASURER  
Name GOODMAN, IRWIN PETE  
Address 318 BRIGHTON H  
City-State-Zip: BOCA RATON FL 33434

Title DIRECTOR  
Name GORBEL, LARRY  
Address 268 BRIGHTON G  
City-State-Zip: BOCA RATON FL 33434

Title DIRECTOR  
Name DUNDEE, BARBARA  
Address 420 BRIGHTON J  
City-State-Zip: BOCA RATON FL 33434

Title DIRECTOR  
Name PORETSKY, MICHAEL  
Address 220 BRIGHTON F  
City-State-Zip: BOCA RATON FL 33434

Title PRESIDENT  
Name SCHAEFER, MITCHELL  
Address 154 BRIGHTON D  
City-State-Zip: BOCA RATON FL 33434

Title DIRECTOR  
Name LEVINE, LAWRENCE  
Address 96 BRIGHTON C  
City-State-Zip: BOCA RATON FL 33434

Title SECRETARY  
Name PORETSKY, JUDITH  
Address 196 BRIGHTON E  
City-State-Zip: BOCA RATON FL 33434

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE: MITCHELL SCHAEFER**

**PRESIDENT**

**03/07/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           HORVATH, PETER  
Address        10 BRIGHTON A  
City-State-Zip: BOCA RATON FL 33434