

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 746061

**FILED**  
**Feb 03, 2015**  
**Secretary of State**  
**CC6627227346**

**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:**

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

Title VTD  
Name GOODMAN P, ETE  
Address 318 BRIGHTON H  
City-State-Zip: BOCA RATON FL 33434

Title S  
Name FRIEDMAN, LOUISE  
Address 184 BRIGHTON E  
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 DAVIS, ANN  
Address 390 BRIGHTON J  
City-State-Zip: BOCA RATON FL 33434

Title DIRECTOR  
Name GETLIN, EUGENE  
Address 39 BRIGHTON A  
City-State-Zip: BOCA RATON FL 33434

Title DIRECTOR  
Name ROSENBERG, ROSIE  
Address 168 BRIGHTON D  
City-State-Zip: BOCA RATON FL 33434

Title DIRECTOR  
Name HOWARD, IVAN  
Address 236 BRIGHTON F  
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: JEROME WALCOE**

**PRESIDENT**

**02/03/2015**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           SIEROTA, ANDY  
Address        62 BRIGHTON B  
City-State-Zip: BOCA RATON FL 33434

Title           DIRECTOR  
Name           SOLOMON, LARRY  
Address        112 BRIGHTON C  
City-State-Zip: BOCA RATON FL 33434