

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 749010

**FILED**  
**Apr 13, 2021**  
**Secretary of State**  
**6903395646CC****Entity Name:** HYTHE AT CENTURY VILLAGE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**9045 LA FONTANA BLVD.  
SUITE 219  
BOCA RATON, FL 33434**Current Mailing Address:**9045 LA FONTANA BLVD.  
SUITE 219  
BOCA RATON, FL 33434**FEI Number: 59-2241949****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CAMPBELL, CHERYL  
4026 HYTHE B  
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: CHERYL CAMPBELL****04/13/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name SIEGEL, STANLEY  
Address 4016 HYTHE A  
City-State-Zip: BOCA RATON FL 33434

Title DIRECTOR  
Name SHAPIRO, SHEILA  
Address 4005 HYTHE A  
City-State-Zip: BOCA RATON FL 33434

Title TREASURER  
Name ARORA, SHIV  
Address 4027 HYTHE B  
City-State-Zip: BOCA RATON FL 33434

Title PRESIDENT  
Name CAMPBELL, CHERYL  
Address 4026 HYTHE B  
City-State-Zip: BOCA RATON FL 33434

Title DIRECTOR  
Name KREMENITZER, MYRA  
Address 3008 HYTHE A  
City-State-Zip: BOCA RATON FL 33434

Title DIRECTOR  
Name GELLER, ELLEN  
Address 2045 HYTHE C  
City-State-Zip: BOCA RATON FL 33434

Title DIRECTOR  
Name GITTELMAN, SUSAN  
Address 3053 HYTHE C  
City-State-Zip: BOCA RATON FL 33434

*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: CHERYL CAMPBELL****PRESIDENT****04/13/2021**

Electronic Signature of Signing Officer/Director Detail

Date