

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 751446

**Entity Name:** MANSFIELD AT CENTURY VILLAGE CONDOMINIUM ASSOCIATION, INC.**FILED**  
**Mar 02, 2017**  
**Secretary of State**  
**CC1271577527****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: 59-2056570****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**GELFAND, MICHAEL J  
1555 PALM BEACH LAKES BLVD  
REGIONS FINANCIAL TOWER STE 1220  
W PALM BEACH, FL 33401-2329 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 VP, 2ND  
Name ARSENAULT, DONNA  
Address 293 MANSFIELD G  
City-State-Zip: BOCA RATON FL 33434Title S  
Name PRESKILL, JAMES  
Address 455 MANSFIELD L  
City-State-Zip: BOCA RATON FL 33434Title DIRECTOR  
Name GOODMAN, KOPEL  
Address 360 MANSFIELD I  
City-State-Zip: BOCA RATON FL 33434Title TREASURER  
Name DOBREV, BO  
Address 101 MANSFIELD C  
City-State-Zip: BOCA RATON FL 33434Title PRESIDENT  
Name MIRLANDE, WEINBERG  
Address 249 MANSFIELD F  
City-State-Zip: BOCA RATON FL 33434Title DIRECTOR  
Name INWALD, HENRY  
Address 42 MANSFIELD A  
City-State-Zip: BOCA RATON FL 33434Title DIRECTOR  
Name PORRETTO, CAMILLE  
Address 536 MANSFIELD M  
City-State-Zip: BOCA RATON FL 33434Title DIRECTOR  
Name DEGRUCCIO, CONRAD  
Address 581 MANSFIELD N  
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: MIRLANDE WEINBERG****PRESIDENT****03/02/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name BRADLEY, CHARLOTTE  
Address 81 MANSFIELD B  
City-State-Zip: BOCA RATON FL 33434

Title DIRECTOR  
Name ATWELL, PHYLLIS  
Address 307 MANSFIELD H  
City-State-Zip: BOCA RATON FL 33434

Title DIRECTOR  
Name SHAPIRA, SUSAN  
Address 179 MANSFIELD E  
City-State-Zip: BOCA RATON FL 33434

Title DIRECTOR  
Name HIRSHORN, SUSAN  
Address 479 MANSFIELD L  
City-State-Zip: BOCA RATON FL 33434

Title DIRECTOR  
Name INES, ALBA  
Address 397 MANSFIELD J  
City-State-Zip: BOCA RATON FL 33434

Title DIRECTOR  
Name CAREY, SUSAN  
Address 460 MANSFIELD K  
City-State-Zip: BOCA RATON FL 33434

Title DIRECTOR  
Name IRIZARRY, JOELA  
Address 12 MANSFIELD A  
City-State-Zip: BOCA RATON FL 33434