

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 754374

**FILED**  
**Feb 01, 2018**  
**Secretary of State**  
**CC6577833238**

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

**Current Principal Place of Business:**

FIRST SERVICE RESIDENTIAL  
9045 LA FONTANA BLVD., SUITE219  
BOCA RATON, FL 33434

**Current Mailing Address:**

FIRST SERVICE RESIDENTIAL  
9045 LA FONTANA BLVD., SUITE219  
BOCA RATON, FL 33434 US

**FEI Number: 59-2204264**

**Certificate of Status Desired: No**

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

WASSERSTEIN, P.A.  
301 YAMATO ROAD, SUITE2199  
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 RUBIN, CLAIRE  
Address PRESTON E-208  
City-State-Zip: BOCA RATON FL 33434

Title D  
Name HOPARD, STUART  
Address 78 PRESTON B  
City-State-Zip: BOCA RATON FL 33434

Title DIRECTOR  
Name APOLLO, BENJAMIN  
Address 113 PRESTON C  
City-State-Zip: BOCA RATON FL 33434

Title PRESIDENT  
Name ROSENFELD, CHARLES  
Address 346 PRESTON I  
City-State-Zip: BOCA RATON FL 33434

Title DIRECTOR  
Name ORTSMAN, SUZAN  
Address 322 PRESTON H  
City-State-Zip: BOCA RATON FL 33434

Title SECRETARY  
Name SNYDER, STEVEN  
Address 292 PRESTON G  
City-State-Zip: BOCA RATON FL 33434

Title TREASURER  
Name VINIKOFF, SHEILA  
Address 318 PRESTON H  
City-State-Zip: BOCA RATON FL 33434

Title DIRECTOR  
Name SNIDER, SUSAN  
Address 243 PRESTON F  
City-State-Zip: BOCA RATON FL 33434

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*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: CHARLES ROSENFELD**

**PRESIDENT**

**02/01/2018**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            ALTHOLZ, TOBI  
Address        138 PRESTON D  
City-State-Zip: BOCA RATON FL 33434