

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754374

FILED
Feb 06, 2015
Secretary of State
CC8470438857

Entity Name: PRESTON 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: 59-2204264

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PASTMAN, ADELLE
3 PRESTON A
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 PASTMAN, ADELLE
Address 3 PRESTON A
City-State-Zip: BOCA RATON FL 33434

Title TD
Name RUBIN, CLAIRE
Address PRESTON E-208
City-State-Zip: BOCA RATON FL 33434

Title ASST. SECRETARY
Name SCHWARTZ, SYDNEY
Address 133 PRESTON D
City-State-Zip: BOCA RATON FL 33434

Title D
Name JACOBOWITZ, SHELDON
Address 70 PRESTON B
City-State-Zip: BOCA RATON FL 33434

Title VP
Name LEVY, ELEANOR
Address 111 PRESTON C
City-State-Zip: BOCA RATON FL 33434

Title DIRECTOR
Name BERMAN, JULIUS
Address 256 PRESTON G
City-State-Zip: BOCA RATON FL 33434

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

Title SECRETARY
Name HELLER, ADEL
Address 122 PRESTON C
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: ADELLE PASTMAN

PRESIDENT

02/06/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name ZAPEN, NOMA
Address 319 PRESTON H
City-State-Zip: BOCA RATON FL 33434