

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 754374

**FILED**  
**Mar 01, 2016**  
**Secretary of State**  
**CC8954765063**

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

Title ASST. SECRETARY, DIRECTOR  
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, DIRECTOR  
Name LEVY, ELEANOR  
Address 111 PRESTON C  
City-State-Zip: BOCA RATON FL 33434

Title DIRECTOR  
Name FELDMAN, HAROLD  
Address 243 PRESTON F  
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 ROSENFELD, CHARLES  
Address 346 PRESTON I  
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**

**03/01/2016**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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