## 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 764795** 

Entity Name: WOLVERTON AT CENTURY VILLAGE CONDOMINIUM

ASSOCIATION, INC.

Feb 06, 2015 Secretary of State CC0822926853

**FILED** 

## **Current Principal Place of Business:**

WOLVERTON CONDOMINIUM ASSOC. % FIRST SERVICE RESIDENTIAL 9045 LA FONTANA BLVD.,#219 BOCA RATON, FL 33434

# **Current Mailing Address:**

WOLVERTON CONDOMINIUM ASSOC. % FIRST SERVICE RESIDENTIAL 9045 LA FONTANA BLVD.,#219 BOCA RATON, FL 33434 US

FEI Number: 59-2397579 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

DAVIDMAN, PINCHAS PR. 1095 WOLVERTON E 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: PINCHAS DAVIDMAN 02/06/2015

Electronic Signature of Registered Agent Date

#### Officer/Director Detail:

Title PRESIDENT Title VP

NamePINCHAS, DAVIDMANNameGOLDBERG, JAYAddress1095 WOLVERTON EAddress1065 WOLVERTON DCity-State-Zip:BOCA RATON FL 33434City-State-Zip:BOCA RATON FL 33434

TitleTREASURERTitleDIRECTORNameGREENE, KARENNameLEVY, JAY

Address 3095 WOLVERTON E Address 1050 WOLVERTON C

City-State-Zip: BOCA RATON FL 33434 City-State-Zip: BOCA RATON FL 33434

Title DIRECTOR Title SECRETARY

NameSTOLINSKI, MARTINNameFARBER, DEBORAHAddress4013 WOLVERTON AAddress1083 WOLVERTON BCity-State-Zip:BOCA RATON FL 33434City-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: PINCHAS DAVIDMAN

**PRESIDENT** 

02/06/2015