

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90101 004 ****61.25

DOCUMENT # 732136

1. Entity Name

CAMDEN ASSOCIATION AT CENTURY VILLAGE, INC.

Principal Place of Business

Mailing Address

WEST PALM BEACH FL 33417-2009

**54 CAMDEN C
 WEST PALM BEACH FL 33417-2009**

2. Principal Place of Business

3. Mailing Address

230 CAMDEN J
 Suite, Apt. #, etc.

230 CAMDEN J
 Suite, Apt. #, etc.

City & State

West Palm Beach

City & State

West Palm Beach

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

FLA

Country

USA

Zip

33417

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BESSEL, SHIRLEY
54 CAMDEN C
WEST PALM BEACH FL 33417

Name

Eileen J. Pearlman

Street Address (P.O. Box Number is Not Acceptable)

230 CAMDEN J

City

West Palm Beach

FL

Zip Code

33417

8. 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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☐ Delete
 NAME **SHIRLEY, BESSEL**
 STREET ADDRESS **54 CAMDEN C**
 CITY-ST-ZIP **WEST PALM BEACH FL 33417-2009**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☐ Delete
 NAME **SILVERMAN, TED**
 STREET ADDRESS **365 CAMDEN P**
 CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **STD** ☐ Delete
 NAME **PEARLMAN, EILEEN**
 STREET ADDRESS **230 CAMDEN J**
 CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **PEARLMAN, EILEEN**
 STREET ADDRESS **CAMDEN J-230**
 CITY-ST-ZIP **W PALM BCH FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE **Eileen J. Pearlman**

CR2E037 (9/01)