

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90227 042 \*\*\*\*61.25

**DOCUMENT # 732141**

1. Entity Name

**WINDSOR ASSOCIATION AT CENTURY VILLAGE, INC.**

Principal Place of Business

Mailing Address

C/O DAVID BERNSTEIN  
 66 WINDSOR D  
 W PALM BCH FL 33417-2413

ART CARNEY CENTURY VILLAGE  
 WINDSOR Q#394  
 W PALM BCH FL 33417-2467

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1655340**

Applied For

Not Applicable

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

ART CARNEY CENTURY VILLAGE  
 WINDSOR Q#394  
 WEST PALM BEACH FL 33417

Name

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

City

**FL**

Zip Code

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 title 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BERNSTEIN, DAVID	
STREET ADDRESS	66 WINDSOR D	
CITY-ST-ZIP	W PALM BCH FL 33417	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	OLANSKY, MARTY	
STREET ADDRESS	401 WINDSOR R	
CITY-ST-ZIP	W PALM BCH FL 33417	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CARNEY, ART	
STREET ADDRESS	394 WINDSOR Q	
CITY-ST-ZIP	W PALM BCH FL 33417	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCGOWAN, DOROTHY	
STREET ADDRESS	4 WINDSOR A	
CITY-ST-ZIP	W PALM BCH FL 33417	
TITLE	D	<input type="checkbox"/> Delete
NAME	SNYDER, WILLIAM	
STREET ADDRESS	WINDSOR K-227	
CITY-ST-ZIP	W PALM BCH FL 33417	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

*Same as last year!*  
*Art Carney*

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:

*Art Carney* **REQUIRED**

*1/13/00 564-687-2558*

CF2E037 (9/99)