## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 23, 2001 8:00 am Secretary of State **DOCUMENT # 732141** 1. Entity Name WINDSOR ASSOCIATION AT CENTURY VILLAGE, INC. 01-23-2001 90099 037 \*\*\*\*61.25 Mailing Address Principal Place of Business ART CARNEY CENTURY VILLAGE C/O DAVID BERNSTEIN WINDSOR Q#394 66 WINDSOR D W PALM BCH FL 33417 W PALM BCH FL 33417-2413 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1655340 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ART CARNEY CENTURY VILLAGE WINDSOR Q#394 WEST PALM BEACH FL 33417 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. required when reinstating) 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be FILE NOW: $\Box$ Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition ☐ Delete TITLE TITLE BERNSTEIN, DAVID NAME NAME STREET ADDRESS STREET ADDRESS 66 WINDSOR D CITY-ST-ZIP CITY-ST-ZIP W PALM BCH FL 33417 ☐ Change ☐ Addition **VPD** ☐ Delete TITLE TITLE **OLANSKY, MARTY** NAME NAME . STREET ADDRESS STREET ADDRESS 401 WINDSOR R CITY-ST-ZIP CITY-ST-ZIP W PALM BCH FL 33417 ☐ Addition TITLE ☐ Change TD ☐ Delete TITLE NAME CARNEY, ART NAME STREET ADDRESS STREET ADDRESS 394 WINDSOR Q CITY-ST-ZIP C!TY-ST-ZIP W PALM BCH FL 33417 Change ☐ Addition Delete TITLE Florence-Molinaro-MCGOWAN, DOROTHY NAME NAME STREET ADDRESS STREET ADDRESS 4 WINDSOR A CITY-ST-ZIP CITY-ST-ZIP W PALM BCH FL 33417 Change Addition Delete TITLE SNYDER, WILLIAM NAME NAME STREET ADDRESS STREET ADDRESS WINDSOR K-227 CITY-ST-ZIP CITY-ST-ZIP W PALM BCH FL 33417 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attachme 1/12/01 561-683-0869