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2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE REQUIRECT

SIGNATURE:

Apr 03, 2002 8:00 am Secretary of State **DOCUMENT # 732141** 02-21-2002 90084 028 ****61.25 WINDSOR ASSOCIATION AT CENTURY VILLAGE, INC. Principal Place of Business Mailing Address C/O DAVID BERNSTEIN ART CARNEY CENTURY VILLAGE 68 WINDSOR D WINDSOR Q#394 W PALM BCH FL 33417-2413 W PALM BCH FL 33417 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1655340 Ner Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ART CARNEY CENTURY VILLAGE WINDSOR Q#394 WEST PALM BEACH FL 33417 Zio 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. 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State زي 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete Addition (9/01) TITLE ☐ Change NAME BERNSTEIN, DAVID NAME STREET ADDRESS 68 WINDSOR D STREET ADDRESS CITY-ST-ZIP W PALM BCH FL 33417 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition **OLANSKY, MARTY** NAME MARKE STREET ADDRESS **401 WINDSOR R** STREET ADDRESS CITY-ST-ZIP W PALM BCH FL 33417 CITY-ST-ZIP TILE Delete TITLE ☐ Change M Addition CARNEY, ART NAME NAME STREET ADDRESS 394 WINDSOR Q STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP W PALM BCH FL 33417 TITLE TITI F Delete Addition NAME MCGOWAN, DOROTHY NAME STREET ADDRESS 4 WINDSOR A STREET ADORESS CITY-SI-7P W PALM BCH FL 33417 CITY-ST-ZIP TITLE □ Delete TILE ☐ Addition NAME SNYDER, WILLIAM NAME STREET ADDRESS WINDSOR K-227 STREET ADDRESS CITY-ST-ZIP W PALM BCH FL 33417 CITY-ST-78 TITLE ☐ Delete TITLE Change ☐ Addition 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 attachment with an address, with all other like empowered.