

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 08:00 AM
Secretary of State

DOCUMENT # 732141

1. Entity Name

WINDSOR ASSOCIATION AT CENTURY VILLAGE, INC.



Principal Place of Business

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

Mailing Address

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

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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BERNSTEIN, DAVID ☐ Delete
STREET ADDRESS 66 WINDSOR D
CITY-ST-ZIP W PALM BCH FL 33417

TITLE VPD
NAME KARPFF, JERRY ☐ Delete
STREET ADDRESS 327 WINDSOR O
CITY-ST-ZIP W PALM BCH FL 33417

TITLE TD
NAME CARNEY, ART ☐ Delete
STREET ADDRESS 394 WINDSOR Q
CITY-ST-ZIP W PALM BCH FL 33417

TITLE SD
NAME KENT, MARY ☐ Delete
STREET ADDRESS 284 WINDSOR M
CITY-ST-ZIP W PALM BCH FL 33417

TITLE D
NAME SNYDER, WILLIAM ☐ Delete
STREET ADDRESS WINDSOR K-227
CITY-ST-ZIP W PALM BCH FL 33417

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
J00000066169
02/26/04-80004-004 61.25

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

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

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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:

Art Carney

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *2/25/04* Daytime Phone #

561-687-2558