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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 738616 (2)
1. Corporation Name
WESTBURY "E" CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business WESTBURY E-100 DEERFIELD BCH FL 33442	Mailing Address WESTBURY E-100 DEERFIELD BCH FL 33442-3259
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3. Date Incorporated or Qualified 04/11/1977	3a. Date of Last Report 04/27/1996
4. FEI Number 59-1906089	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip Country
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9. Name and Address of Current Registered Agent CONDOMINIUM OWNERS ORGAN CENTURY VILL EAST 3501 WEST DRIVE DEERFIELD BEACH FL 33442-2085	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME COOPER, CHARLES	1.1 TITLE 800002159468	1.2 NAME -04/29/97--01109--001
STREET ADDRESS WESTBURY E 100	CITY-ST-ZIP DEERFIELD BCH FL	1.3 STREET ADDRESS ***15190.00	1.4 CITY-ST-ZIP *****61.25
TITLE D	NAME DAUB, ADA	2.1 TITLE	2.2 NAME
STREET ADDRESS WESTBURY E 109	CITY-ST-ZIP DEERFIELD BCH FL	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE D	NAME MORRIS, MONIE	3.1 TITLE	3.2 NAME
STREET ADDRESS WESTBURY E 118	CITY-ST-ZIP DEERFIELD BEACH FL	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE JACK ROSENTHAL	NAME WESTBURY E 116	4.1 TITLE	4.2 NAME
STREET ADDRESS DEERFIELD BCH FL	CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

Change Addition

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Change Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles Cooper **CHARLES COOPER** 1/10/97 954-425-4423
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0042961

CR2E037 (9/96)