


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

05-08-2008 90101 001 15,496.25

DOCUMENT # 738617

1. Entity Name
WESTBURY "G" CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**CONDO OWNERS ORG. OF CENTURY VILLAGE E
 3501 WEST DRIVE
 DEERFIELD BCH, FL 33442-2085 US**

Mailing Address
**CONDO OWNERS ORG. OF CENTURY VILLAGE E
 3501 WEST DRIVE
 DEERFIELD BCH, FL 33442-2085 US**

65011779



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01312008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
59-1906091

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CONDOMINIUM ORGANIZATION OF CENTURY VILLAG
 3501 WEST DRIVE
 DEERFIELD BEACH, FL 33442-2085**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)

**Filing Fee is \$61.25
 Due by May 1, 2008**

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	POT	<input type="checkbox"/> Delete
NAME	TRIGLIANOS, CHARLES	
STREET ADDRESS	140 WESTBURY G	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SOLIS, ELOISA	
STREET ADDRESS	138 WESTBURY G	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SOLIS, ELOISA	
STREET ADDRESS	138 WESTBURY G	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SOMERFLECK, ESTHER	
STREET ADDRESS	WESTBURY G 128	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOPE, GERI	
STREET ADDRESS	133 WESTBURY G	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	D	<input type="checkbox"/> Delete
NAME	COISMAN, JEAN	
STREET ADDRESS	122 WESTBUY G	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	

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	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Charles Triglianos 4/10/08 (954) 481-1656
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date Daytime Phone #

CHARLES TRIGLIANOS