

FILED
May 10, 2007 8:00 am
Secretary of State

DOCUMENT # 740417

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

3. Mailing Address

Suite, Apt. #, etc.

City & State

County

B. Name and Address of Current Registered Agent

02162007 Cha-NP CR2E037 (12/06)

4. FEI Number
59-1920115

Applied For
Not Applicable

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

CONDO OWNER ORGANIZATION CENTURY VILL E IN
EAST INC.
3501 WEST DRIVE
DEERFIELD BEACH, FL 33442-2085

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

Figures used as part of research report and film production

(NOTE: Registered Agent signature is required when installing.)

DATE _____

**Filing Fee is \$81.25
Due by May 1, 2007**

A. 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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	BLOOM, JULIUS	
STREET ADDRESS	1041 CAMBRIDGE C	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	

TITLE	Bertha Millman	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	4051 Cambridge		
STREET ADDRESS	P. B. 71. 33442		
CITY - ST - ZIP			

TITLE	PD	<input type="checkbox"/> Delete
NAME	POLIKOFF, MICHAEL	
STREET ADDRESS	4041 CAMBRIDGE C	
CITY - ST - ZIP	DEERFIELD BEACH, FL 33442	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	VD	<input type="checkbox"/> Delete
NAME	WOLF, NORA	
STREET ADDRESS	1054 CAMBRIDGE C	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	T	<input type="checkbox"/> Delete
NAME	SPIZER, ROSE	
STREET ADDRESS	3055 CAMBRIDGE C	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	

TITLE	TD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

TITLE	SD	<input type="checkbox"/> Delete
NAME	PATSINER, ROSE	
STREET ADDRESS	3046 CAMBRIDGE C	
CITY - ST - ZIP	DEERFIELD BEACH, FL 33442	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Delete
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 (and that I am a 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.

Diana M. Ball
Diana M. Ball

SIGNATURE:

Bertina Melman BERTINA MELMAN 4
SIGNATURE AND TYPED OR PRINTED NAME OF SENDING OFFICER OR DIRECTOR

4/17/07 (954) 727-1264

D

Device Phone #