

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

FILED
Aug 23, 2004 8:00 am
Secretary of State

08-23-2004 90025 033 ****61.25

DOCUMENT # 747194

1. Entity Name

CENTURY VILLAGE EAST WE CARE, INC.



Principal Place of Business

NEWPORT 0234
CENTURY VILLAGE EAST
DEERFIELD BCH. FL 33442

Mailing Address

NEWPORT 0234
CENTURY VILLAGE EAST
DEERFIELD BCH. FL 33442

2. Principal Place of Business

Century Village East

3. Mailing Address

234 Newport O

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Deerfield Beach
FL 33442

City & State

FL 33442
Deerfield Beach



MOORE

CR2E037 (4/04)

4. FEI Number

59-5916301

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTELL, NATALIE R
NEWPORT O 234
CENTURY VILLAGE EAST
DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent

Name

BARBARA BROWN

Street Address (P.O. Box Number is Not Acceptable)

4027 BERKSHIRE B

City

Deerfield Beach FL 33442

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By September 8, 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 DP
NAME BROWN, BARBARA
STREET ADDRESS 4027 BERKSHIRE B
CITY-ST-ZIP DEERFIELD BEACH FL 33442 ☐ Delete

TITLE DT
NAME MARTELL, NATALIE R
STREET ADDRESS 234 NEWPORT O
CITY-ST-ZIP DEERFIELD BEACH FL 33441 ☐ Delete

TITLE D1VP
NAME SCHULDINER, BERNARD L
STREET ADDRESS 3001 FARNHAM N
CITY-ST-ZIP DEERFIELD BEACH FL 33442 ☐ Delete

TITLE D2VP
NAME SHULDINER, BERNARD L
STREET ADDRESS 3001 FARNHAM N
CITY-ST-ZIP DEERFIELD BEACH FL 33442 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

BARBARA BROWN

8/16/04

954-594-9675

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #