


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90036 013 ****61.25

DOCUMENT # 749010 1. Entity Name HYTHE AT CENTURY VILLAGE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business HYTHE A 4016 BOCA RATON, FL 33434-3699			Mailing Address PRIME MANAGEMENT GROUP 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2241949	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STANLEY SIEGEL C/O PRIME MGMT 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PABORSKY, LOUISE HYTHE C4054 BOCA RATON, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Gammello, Helen 3047 Hythe C Boca Raton, FL 33434	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRIEDEL, SELIGMAN HYTHE A 3004 BOCA RATON, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Shapiro, Sheila 4005 Hythe A Boca Raton FL 33434	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHERMAN, FRED 4008 HYTHE A BOCA RATON, FL 33434		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SIEGEL, STANLEY HYTHE A, 4016 BOCA RATON, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, JOSEPH 4033 HYTHE B BOCA RATON, FL 33434		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, EISEN Eisen, Harvey 3028 HYTHE B BOCA RATON, FL 33434		TITLE 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/5/08 361-826-1780 x208 <small>Date Daytime Phone #</small>		