

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90026 049 ****61.25

DOCUMENT # 755858

1. Entity Name
**SUFFOLK AT CENTURY VILLAGE CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**106 SUFFOLK C
BOCA RATON, FL 33434 US**

Mailing Address
**106 SUFFOLK C
BOCA RATON, FL 33434 US**

40011140



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01232006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-2324298

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREENBERG, STAN
106 SUFFOLK C
BOCA RATON, FL 33434**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **FLEISHMAN, IRMA**
CITY-ST-ZIP **7 SUFFOLK A
BOCA RATON, FL 33434**

TITLE ☐ Change ☒ Addition
NAME **TREASURER
HARVEY LEVINE**
STREET ADDRESS **144 SUFFOLK D**
CITY-ST-ZIP **BOCA RATON, FL 33434**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **FEUER, BETTY**
CITY-ST-ZIP **48 SUFFOLK B
BOCA RATON, FL 33434**

TITLE ☐ Change ☒ Addition
NAME **DIRECTOR
LILLIAN PERLOWITZ**
STREET ADDRESS **34 SUFFOLK A**
CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **GREENBERG, STANLEY**
CITY-ST-ZIP **106 SUFFOLK C
BOCA RATON, FL**

TITLE ☐ Change ☒ Addition
NAME **DIRECTOR
SYDNEY RACKENBERG**
STREET ADDRESS **14 SUFFOLK C**
CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **RESNICK, JEANETTE**
CITY-ST-ZIP **192 SUFFOLK E
BOCA RATON, FL 33434**

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

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **BRENNER, SHIRLEY**
CITY-ST-ZIP **225 SUFFOLK F
BOCA RATON, FL 33434**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ARNOLD, RUSS**
CITY-ST-ZIP **271 SUFFOLK G
BOCA RATON, FL 33434**

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-06 561-218-9501

Date

Daytime Phone #