

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757141

FILED  
Feb 09, 2009  
Secretary of State

**Entity Name:** REXFORD AT CENTURY VILLAGE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

A4003 REXFORD  
BOCA RATON, FL 33434

**New Principal Place of Business:**

**Current Mailing Address:**

A4003 REXFORD  
BOCA RATON, FL 33434

**New Mailing Address:**

**FEI Number:** 59-1330507

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NOVICK, STANLEY  
4023 REXFORD B  
BOCA RATON, FL 33434 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: TURKEL, JACK,  
Address: REXFORD A 4003  
City-St-Zip: BOCA RATON, FL 33434

Title: VD ( ) Delete  
Name: SEROTA, BARBARA  
Address: 2052 REXFORD C  
City-St-Zip: BOCA RATON, FL 33434

Title: PD ( ) Delete  
Name: NOVICK, STANLEY  
Address: 4023 REXFORD B  
City-St-Zip: BOCA RATON, FL 33434

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: T (X) Change ( ) Addition  
Name: HUBERMAN, CECELIA  
Address: 4024 REXFORD B  
City-St-Zip: BOCA RATON, FL 33434

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S ( ) Change (X) Addition  
Name: LESSER, MADELYN  
Address: 3009 REXFORD A  
City-St-Zip: BOCA RATON, FL 33434

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STANLEY NOVICK

PD

02/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date