



# SEACREST SERVICES, INC

2101 CENTREPARK W DR STE 110  
WEST PALM BEACH FL 33409  
561-697-4990 FAX 561-721-9110

JANUARY 2024

PLEASE RETURN THIS FORM BY APRIL 15, 2024

**IMPORTANT-PLEASE LET US KNOW IF YOU HAVE ALREADY UPDATED  
SUNBIZ OR DISREGARD IF ALREADY SUBMITTED TO US.**

Board of Directors Century Village West Palm Beach:

Please print

**PRINCIPAL ADDRESS:** PO BOX NOT ACCEPTABLE. (Usually the President's address. Okay if out of state.)

**REGISTERED AGENT: CANNOT BE SEACREST SERVICES INC.**

The person designated to accept service of process on behalf of association. **Must be a Florida address.**

Name: \_\_\_\_\_ Unit #: \_\_\_\_\_

Or mailing address if not the unit: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

**PRESIDENT:** \_\_\_\_\_ Unit #: \_\_\_\_\_

Or mailing address if not the unit: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

**VICE PRESIDENT:** \_\_\_\_\_ Unit #: \_\_\_\_\_

Or mailing address if not the unit: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

**TREASURER:** \_\_\_\_\_ Unit #: \_\_\_\_\_

Or mailing address if not the unit: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

**SECRETARY:** \_\_\_\_\_ Unit #: \_\_\_\_\_

Or mailing address if not the unit: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

**DIRECTOR:** \_\_\_\_\_ Unit #: \_\_\_\_\_

Or mailing address if not the unit: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

**DIRECTOR:** \_\_\_\_\_ Unit #: \_\_\_\_\_

Or mailing address if not the unit: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

**Please designate one (1) Board Member who is to receive ALL correspondence (financials, meeting notices, etc.)**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

**PRINT NAME OF PERSON WHO FILLED OUT THIS FORM:** \_\_\_\_\_

Date: \_\_\_\_\_