

DO NOT USE PRIOR YEAR'S FORM - PLEASE ENSURE YOU COMPLETE THIS FORM FOR YEAR 2022

CENTURY VILLAGE EAST, DEERFIELD BEACH, FL – BUILDING ASSOC. OFFICERS & DIRECTORS – YEAR: 2022

THIS FORM MUST BE COMPLETED IN FULL IN ALL AREAS – PRINT CLEARLY OR TYPE

TODAY'S DATE: _____ AREA & BLDG. LETTER: _____ NO. OF UNITS: _____
 PROPERTY MGMT CO: _____ PROPERTY MGR. NAME: _____ Phone #: _____

OFFICERS & DIRECTORS ELECTED AT ANNUAL MEETING HELD ON: _____

CHECK BOX IF PERMANENT RESIDENT

	OFFICER NAME	APT. #	TELEPHONE #	E-MAIL ADDRESS IS REQUIRED
<input type="checkbox"/>	PRESIDENT:			
<input type="checkbox"/>	VICE PRES.:			
<input type="checkbox"/>	TREASURER:			
<input type="checkbox"/>	SECRETARY:			

	OTHER BOARD MEMBERS	APT. #	TELEPHONE #	E-MAIL ADDRESS IS REQUIRED
<input type="checkbox"/>	1.			
<input type="checkbox"/>	2.			
<input type="checkbox"/>	3.			
<input type="checkbox"/>	4.			
<input type="checkbox"/>	5.			

COOCVE DIRECTORS & ALTERNATE DIRECTORS:

Garden: 1 Director ● Hi-Rises 56 & 64 Units: 3 Directors ● Hi-Rises 72 & 80 Units: 4 Directors ● Hi-Rises 96 Units: 5 Directors

	DIRECTOR NAME	APT. #	TELEPHONE #	E-MAIL ADDRESS IS REQUIRED
<input type="checkbox"/>	1.			
<input type="checkbox"/>	2.			
<input type="checkbox"/>	3.			
<input type="checkbox"/>	4.			
<input type="checkbox"/>	5.			

	ALTERNATE DIRECTOR NAME	APT. #	TELEPHONE #	E-MAIL ADDRESS IS REQUIRED
<input type="checkbox"/>	1.			
<input type="checkbox"/>	2.			
<input type="checkbox"/>	3.			

SIGNATURE OF CONDOMINIUM ASSOC. PRESIDENT: _____

SIGNATURE OF CONDOMINIUM ASSOC. SECRETARY: _____

OFFICIAL CONDOMINIUM SEAL REQUIRED

1. SEND COMPLETED FORM TO COOCVE OFFICE, MAILBOX, OR E-MAIL: coocve@coocve.com
2. SEND COPIES TO: CVE MASTER MANAGEMENT & YOUR PROPERTY MANAGER
3. PLEASE RETAIN A COPY FOR YOUR BUILDING