

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 728069 (6)
1. Corporation Name
DURHAM "N" CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
409 DURHAM N/CVE
DEERFIELD BEACH FL 33442

Mailing Address
409 DURHAM N/CVE
DEERFIELD BEACH FL 33442

3. Date Incorporated or Qualified 11/15/1973
3a. Date of Last Report 05/01/1995

| | | | |
|--------------------------------|---------------------|---|---|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
| 21 | 26 | 59-1876018 | Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 22 | 27 | <input type="checkbox"/> | |
| City & State | City & State | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 23 | 28 | <input type="checkbox"/> | |
| Zip | Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 24 | 25 | 29 | 30 |

9. Name and Address of Current Registered Agent

CONDOMINIUM OWNERS OF CENTURY VILLAGE E.
3501 WEST DRIVE
DEERFIELD BEACH FL 33442-2085

10. Name and Address of New Registered Agent

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| 85 | Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|--------------------|---------------------------------|
| TITLE | DVP | <input type="checkbox"/> DELETE |
| NAME | FELDMAN, PHILIP | |
| STREET ADDRESS | DURHAM N 417 | |
| CITY - ST - ZIP | DEERFIELD BEACH FL | |
| TITLE | STB | <input type="checkbox"/> DELETE |
| NAME | FELDMAN, RUTH | |
| STREET ADDRESS | DURHAM N 417 | |
| CITY - ST - ZIP | DEERFIELD BEACH FL | |
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | GANZELL, JENNIE | |
| STREET ADDRESS | DURHAM N 409 | |
| CITY - ST - ZIP | DEERFIELD BEACH FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | LONDON, ESTA | |
| STREET ADDRESS | 431 DURHAM N | |
| CITY - ST - ZIP | DEERFIELD BEACH FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MERANCHIK, BESSIE | |
| STREET ADDRESS | DURHAM N 421 | |
| CITY - ST - ZIP | DEERFIELD BEACH FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

| | | |
|---------------------|-----------------------|--|
| 1.1 TITLE | -D/T. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | JAFFEE, FRANCES | |
| 1.3 STREET ADDRESS | DURHAM "N" #411 | |
| 1.4 CITY - ST - ZIP | DEERFIELD BCH, FL | |
| 2.1 TITLE | S/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | FELDMAN, RUTH | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY - ST - ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | 000001797750 | |
| 3.4 CITY - ST - ZIP | -04/29/96--01024--001 | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | ***15128.75 | |
| 4.4 CITY - ST - ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY - ST - ZIP | | |
| 6.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | JAFFEE, MURRAY | |
| 6.3 STREET ADDRESS | DURHAM "N" #411 | |
| 6.4 CITY - ST - ZIP | DEERFIELD BCH, FL | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

JENNIE GANZELL } Pres.
JENNIE GANZELL

2-23-96

Date

Delegated Phone #

(954)
426-1054
SG-1-27-96

CR2E037 (12/95)