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SECRETARY OF STATE
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32760.00 **130.00

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 728073 (8)
1. Corporation Name
DURHAM "R" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
% DURHAM R 512 C.V.E. DEERFIELD BEACH FL 33442
% DURHAM R 512 C.V.E. DEERFIELD BEACH FL 33442

3. Date Incorporated or Qualified 11/15/1973 3a. Date of Last Report 05/01/1994
4. FEI Number 59-1906040 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 ZIP COUNTRY 28 ZIP COUNTRY
24 25 29 30

9. Name and Address of Current Registered Agent
CONDOMINIUM OWNERS ORGANIZATION OF CENTURY
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 FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and (if applicable) NOTE: Registered Agent signature required when registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, EDWARD	12 NAME	
STREET ADDRESS	DURHAM R 512	13 STREET ADDRESS	
CITY ST ZIP	DEERFIELD BEACH FL	14 CITY ST ZIP	
TITLE	VPD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASOWITZ, BEATRICE	22 NAME	
STREET ADDRESS	DURHAM R-505	23 STREET ADDRESS	
CITY ST ZIP	DEERFIELD BEACH FL	24 CITY ST ZIP	
TITLE	SD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBIN, MAURICE	32 NAME	
STREET ADDRESS	DURHAM R-509	33 STREET ADDRESS	
CITY ST ZIP	DEERFIELD BEACH FL	34 CITY ST ZIP	
TITLE	DVP	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERRE, CAROL	42 NAME	D
STREET ADDRESS	DURHAM R 505	43 STREET ADDRESS	
CITY ST ZIP	DEERFIELD BEACH FL	44 CITY ST ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52 NAME	D GREENSTEIN, RHODA
STREET ADDRESS		53 STREET ADDRESS	DURHAM R 508
CITY ST ZIP		54 CITY ST ZIP	DEERFIELD BEACH, FL
TITLE		61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		62 NAME	D BENNETT, CLAIR
STREET ADDRESS		63 STREET ADDRESS	DURHAM R 523
CITY ST ZIP		64 CITY ST ZIP	DEERFIELD BEACH, 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)(b), 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: *Edward H. Davis* 1-23-95 (305) 427-1485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Name)