

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



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

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

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-1906040</b>		Applied For Not Applicable	
21		26		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
22		27		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
City & State		City & State					
23		28					
Zip		Country		29		30	
24		25		29		30	

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

~~CONDOMINIUM OWNERS ORGANIZATION OF CENTURY~~  
**3501 WEST DRIVE  
DEERFIELD BEACH FL 33442-2085**

81 Name <b>CONDO OWNERS ORG. OF C.V.E., INC.</b>	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code <b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIS, EDWARD</b>	1.2 NAME	
STREET ADDRESS	<b>DURHAM R 512</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VPD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KASOWITZ, BEATRICE</b>	2.2 NAME	
STREET ADDRESS	<b>DURHAM R-505</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUBIN, MAURICE</b>	3.2 NAME	
STREET ADDRESS	<b>DURHAM R-509</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PIERRE, CAROL</b>	4.2 NAME	
STREET ADDRESS	<b>DURHAM R 505</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREENSTEIN, RHODA</b>	5.2 NAME	
STREET ADDRESS	<b>DURHAM R 508</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL</b>	5.4 CITY-ST-ZIP	
TITLE	<del><b>D</b></del> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del><b>BENNETT, CLAIR</b></del>	6.2 NAME	<b>D MARCELLINO, CLARA</b>
STREET ADDRESS	<del><b>DURHAM R 523</b></del>	6.3 STREET ADDRESS	<b>DURHAM R 510</b>
CITY-ST-ZIP	<del><b>DEERFIELD BEACH FL</b></del>	6.4 CITY-ST-ZIP	<b>DEERFIELD BCH., FL</b>

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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: Edward A. Davis } Pres. 2-12-96 427-1485  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
EDWARD DAVIS

CR2E037 (12/95)