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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 04/27/1996

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)

4. FEI Number: 59-1906040
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**CONDOMINIUM OWNERS ORG., OF CVE, INC.
3501 WEST DRIVE
DEERFIELD BEACH FL 33442-2085**

10. Name and Address of New Registered Agent (81-85)

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	DP	1.1 TITLE	PD
NAME	DAVIS, EDWARD	1.2 NAME	GHASTO, KATHLEEN
STREET ADDRESS	DURHAM R 512	1.3 STREET ADDRESS	DURHAM R 516
CITY - ST - ZIP	DEERFIELD BEACH FL	1.4 CITY - ST - ZIP	DEERFIELD BEACH, FL, 33442
TITLE	VPD	2.1 TITLE	900002159369-3
NAME	KASOWITZ, BEATRICE	2.2 NAME	-04/29/97--01109--001
STREET ADDRESS	DURHAM R-505	2.3 STREET ADDRESS	**15190.00 *****61.25
CITY - ST - ZIP	DEERFIELD BEACH FL	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	S
NAME	RUBIN, MAURICE	3.2 NAME	
STREET ADDRESS	DURHAM R-509	3.3 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BEACH FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	T
NAME	PIERRE, CAROL	4.2 NAME	DELLINGER, BILL
STREET ADDRESS	DURHAM R 505	4.3 STREET ADDRESS	410 S. POWERLINE ROAD
CITY - ST - ZIP	DEERFIELD BEACH FL	4.4 CITY - ST - ZIP	DEERFIELD BEACH, FL, 33442
TITLE	D	5.1 TITLE	
NAME	GREENSTEIN, RHODA	5.2 NAME	
STREET ADDRESS	DURHAM R 508	5.3 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BEACH FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	D
NAME	MARCELLINO, CLARA	6.2 NAME	FULLERTON, HILDA
STREET ADDRESS	DURHAM R 510	6.3 STREET ADDRESS	DURHAM R 502
CITY - ST - ZIP	DEERFIELD BEACH FL	6.4 CITY - ST - ZIP	DEERFIELD BEACH, FL, 33442

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Kathleen Ghasto* KATHLEEN GHASTO 2/20/97 (954) 428-5062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE # 0078948

CR2E037 (9/96)