

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 11/15/1973	
4. FEI Number 59-1906040	Applied For <input type="checkbox"/> Not Applicable

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	22. Mailing Address Suite, Apt. #, etc. City & State Zip	23. Country	24. Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent CONDOMINIUM OWNERS ORG., OF CVE, INC. 3501 WEST DRIVE DEERFIELD BEACH FL 33442-2085	
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10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number Is Not Acceptable)	
83. City	
84. State	FL
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME GUASTO, KATHLEEN	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS DURHAM R 516	CITY-ST-ZIP DEERFIELD BEACH FL 33442	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE VPD	NAME KASOWITZ, BEATRICE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS DURHAM R-505	CITY-ST-ZIP DEERFIELD BEACH FL	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE S	NAME RUBIN, MAURICE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS DURHAM R-509	CITY-ST-ZIP DEERFIELD BEACH FL	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE T	NAME DELLINGER, BILL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 410 S. POWERLINE ROAD	CITY-ST-ZIP DEERFIELD BEACH FL 33442	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE D	NAME GREENSTEIN, RHODA	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS DURHAM R 508	CITY-ST-ZIP DEERFIELD BEACH FL	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE D	NAME FULLERTON, HILDA	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS DURHAM R 502	CITY-ST-ZIP DEERFIELD BEACH FL 33442	6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

500002474915 -04/01/98--01022--010 ***15006.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D SCAVONE, THERESA DURHAM R 517 DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PE 331

14. I 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: *Bill Dellinger* **BILL DELLINGER 1/21/98 (954) 428-7013**

CF2E037 (10/97)