

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90163 001 14,638.75

NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

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

Principal Place of Business Mailing Address  
**410 S. POWERLINE Rd. 410 S. POWERLINE Rd.**  
**DEERFIELD BEACH, FL. 33442 DEERFIELD BEACH, FL. 33442**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/15/1973	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1906040	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CONDOMINIUM OWNERS OAG, OF CVE, INC. 3501 WEST DRIVE DEERFIELD BEACH, FL. 33442-2085				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUASTO, KATHLEEN	1.2 NAME	
STREET ADDRESS	DURHAM R 516	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH, FL. 33442	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLAVONE, THERESA	2.2 NAME	
STREET ADDRESS	DURHAM R 517	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH, FL. 33442	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBIN, MAURICE	3.2 NAME	
STREET ADDRESS	DURHAM R 509	3.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH, FL. 33442	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELLINGER, BILL	4.2 NAME	
STREET ADDRESS	410 SOUTH POWERLINE Rd.	4.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH, FL. 33442	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENSTEIN, JERRY	5.2 NAME	
STREET ADDRESS	DURHAM R 508	5.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH, FL. 33442	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIRSCH, KATE	6.2 NAME	
STREET ADDRESS	DURHAM R 523	6.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH, FL. 33442	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Bill Dellinger **BILL DELINGER** 2/11/99 (954) 428-7013  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)