FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 1. Corporation Name

728079

(5)

DUDLIANA IVI	COMPONINGIA	ACCOCIATION	INIO
DORLINI Y	CONDOMINIUM	ASSUCIATION.	INU.

DURHAM "X" CONDOMINIUM A	SSOCIATION, INC.			
Principal Place of Business	Mailing Address			Mit Afbut Mibit Bibit Mibit Othil Othil 1061
AL STERN, APT. 658 CENTURY VILLAGE DEERFIELD BEACH FL 33442	AL STERN. APT. 658 CENTURY VILLAGE 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	Applied For
21	26		59-1906051	Not Applicable
27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees
Zip Country	intry Zip Country		8. This corporation has liability for intangible tax under s. 199.032,	
24 25	29	30		Yes No
9. Name and Address of Cu	rrent Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
COMPONIUM A COMPEGG COCAMITA	TION OF OPERATION	81  Name		
CONDOMINIUM OWNERS ORGANIZATION OF CENTURY 3501 WEST DRIVE		82 Street Add	ress (P.O. Box Number is Not Acceptable	:)
DEERFIELD BEACH FL 33442-9985		83		
		84 City		FL 85 Zip Code
<ol> <li>Pursuant to the provisions of Sections 617.0 or registered agent, or both, in the State of familiar with, and accept the obligations of, 5</li> </ol>	lorida. Such change was authoriz	ed by the corporation's boa	ration submits this statement for the purp rd of directors. I hereby accept the appoi	ose of changing its registered office ntment as registered agent. I am
SIGNATURE Signature, typed or printed name of registered a		ITE: Rogistered Agent signature require	4.00	
· · · · · · · · · · · · · · · · · · ·	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTORS IN 12
TITLE PD	DELETE	1.1 TITLE	7,0011010-0111010-70-07110	Change Addition
NAME STERN, AL	_	1.2 NAME		
STREET ADDRESS DURHAM X 658		1.3 STREET ADDRESS		
CITY-ST-ZIP DEERFIELD BCH FL		1.4 CITY-ST-ZIP		
TITLE <b>V</b>	DEFELE	2 1 TITLE		☐ Change ☐ Addition
NAME MOAT, FLORENCE		2 2 NAMÉ		
STREET ADDRESS DURHAM X 662		2.3 STREET ADDRESS		
CITY-ST-ZIP DEERFIELD FL		2 4 CITY-ST-ZIP		
TITLE S	DELETE	3.1 TITLE	20200470	Change Addition
NAME WEIN, GRACE		3.2 NAME	20000001 (5)	រូវស្គម
STREET ADDRESS DURHAM X 668		3.3 STREET ADDRESS	30000179 -04/29/960102 ***15128.75	74001
CITY-ST-ZIP DEERFIELD BCH FL		3.4. CITY-ST-ZIP	***13120.13	
TITLE D	DELETE	4 1 TITLE		☐ Change ☐ Addition
NAME BECKER, ETHEL		4 2 NAME		
STREET ADDRESS DURHAM X 650		4.3 STREET ADDRESS		
CITY-ST-ZIP DEERFIELD BCH FL	DELETE	4.4 CITY+ST-ZIP		Change D Address
TITLE T NAME STERN,MARGARET	Thereis	5 1 TIFLE		☐ Change ☐ Addition
STERN,MARGARET STREET ADDRESS   DURHAM X 658		5.2 NAME		
CITY-ST-ZIP DEERFIELD BCH FL		5 3 STREET ADDRESS		
TITLE D	DELETE	5 4 C/TY-ST-Z/P 6 1 T/TLE	,	Addition Addition
NAME FREEDMAN, AL		62 NAME	<i>[1.</i>	、
STREET ADDRESS DURHAM X 657		6 3 STREET ADDRESS		· · · / /
CITY-ST-ZIP DEERFIELD BCH FL		6.4 City-ST-ZIP	,	]
14. I do hereby certify that the information suppli-	ied with this filing is voluntarily furn	ished and does not qualify f	or the exemption stated in Section 119.0	7(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 unde 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 signature shall have the same legal effect as if made unde 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 signature shall have the same legal effect as if made unde 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 signature shall have the same legal effect as if made unde 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 the same appears in Block 12 or Block 13 if changed, or on an attachment with an address. STERN

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR