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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 728079 (5)

1. Corporation Name
DURHAM "X" CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business AL STERN, APT. 658 CENTURY VILLAGE DEERFIELD BEACH FL 33442	Mailing Address AL STERN, APT. 658 CENTURY VILLAGE DEERFIELD BEACH FL 33442
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3. Date Incorporated or Qualified 11/15/1973	3a. Date of Last Report 04/27/1996
4. FEI Number 59-1906051	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**CONDOMINIUM OWNERS ORGANIZATION OF CENTURY
3501 WEST DRIVE
DEERFIELD BEACH FL 33442-9985**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	STERN, AL	
STREET ADDRESS	DURHAM X 658	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MOAT, FLORENCE	
STREET ADDRESS	DURHAM X 682	
CITY-ST-ZIP	DEERFIELD FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WEIN, GRACE	
STREET ADDRESS	DURHAM X 688	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BECKER, ETHEL	
STREET ADDRESS	DURHAM X 650	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	STERN, MARGARET	
STREET ADDRESS	DURHAM X 658	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FREEDMAN, AL	
STREET ADDRESS	DURHAM X 657	
CITY-ST-ZIP	DEERFIELD BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	700002159977-FL
1.3 STREET ADDRESS	-04/29/97--01109--001
1.4 CITY-ST-ZIP	**15190.00 *****61.25
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D MOAT, FLORENCE
4.3 STREET ADDRESS	DURHAM X 662
4.4 CITY-ST-ZIP	DEERFIELD FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

5/74/29

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: AL STERN DATE: 1/13/97 DAYTIME PHONE # 4276460

CR2E037 (9/96)