

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728079

1. Entity Name

DURHAM "X" CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Jul 12, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90324 001 15,006.25

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1906051

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME STERN, AL  
STREET ADDRESS DURHAM X 658  
CITY-ST-ZIP DEERFIELD BCH FL

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☒ Delete  
NAME MOAT, FLORENCE  
STREET ADDRESS DURHAM X 682  
CITY-ST-ZIP DEERFIELD FL

TITLE ☒ Change ☐ Addition  
NAME DOROTHY SHATZ  
STREET ADDRESS DURHAM X 646  
CITY-ST-ZIP DEERFIELD BCH FL

TITLE S ☒ Delete  
NAME WEIN, GRACE  
STREET ADDRESS DURHAM X 668  
CITY-ST-ZIP DEERFIELD BCH FL

TITLE ☒ Change ☐ Addition  
NAME S DOROTHY SHATZ  
STREET ADDRESS DURHAM X 646  
CITY-ST-ZIP DEERFIELD BCH FL

TITLE D ☐ Delete  
NAME MOAT, FLORENCE  
STREET ADDRESS DURHAM X 682  
CITY-ST-ZIP DEERFIELD BEACH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME STERN, MARGARET  
STREET ADDRESS DURHAM X 658  
CITY-ST-ZIP DEERFIELD BCH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME FREEDMAN, AL  
STREET ADDRESS DURHAM X 657  
CITY-ST-ZIP DEERFIELD BCH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*SIGNATURE REQUIRED Al Stern 1/18/2000 954.427.6460*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)