

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

04-14-2001 90045 001 15,067.50

DOCUMENT # 728079

1. Entity 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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

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

7. Name and Address of New Registered Agent

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

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	SHATZ, DOROTHY	
STREET ADDRESS	DURHAM X 662	
CITY-ST-ZIP	DEERFIELD FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	SHATZ, DOROTHY	
STREET ADDRESS	DURHAM X 668	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOAT, FLORENCE	
STREET ADDRESS	DURHAM X 662	
CITY-ST-ZIP	DEERFIELD BEACH 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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

AL STERN **SIGNATURE REQUIRED** AL STERN

1/4/2001 9544276460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)