2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

FILE **DOCUMENT # 728079** 1. Entity Name 04 APR 27 AM 11: 17 DURHAM "X" CONDOMINIUM ASSOCIATION, INC. TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 66413056 CONDO OWNERS ORG OF CENTURY VILLAGE E CONDO OWNERS ORG OF CENTURY VILLAGE E 3501 WEST DRIVE DEERFIELD BEACH FL 33442-2085 DEERFIELD BEACH FL 33442-2085 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) MOORE City & State City & State 4. FEI Number Applied For 59-1906051 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CONDOMINIUM OWNERS ORGANIZATION OF CENTURY Street Address (P.O. Box Number is Not Acceptable) 3501 WEST DRIVE DEERFIELD BEACH FL 33442-9985 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE Change ☐ Addition STERN, AL NAME NAME `**500034619155** 04/29/04--01020--001 **15006.25 **DURHAM X 658** STREET ADDRESS STREET ADDRESS DEERFIELD BCH FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition SHATZ, DOROTHY NAME NAME DURHAM X 646 STREET ADDRESS STREET ADDRESS DEERFIELD FL CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITHE Change ☐ Addition MOAT: FLORENCE NAME NAME DURHAM X 662 STREET ADDRESS STREET ADDRESS DEERFIELD BEACH FL City-St-7iP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STERN, MARGARET NAME **DURHAM X 658** STREET ADDRESS STREET ADDRESS DEERFIELD BCH FL CiTY-ST-ZiP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition MILLER, ROBERT NAME NAME **DURHAM X 650** STREET ADDRESS STREET ADDRESS DEERFIELD BEACH FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR