

**FILE NOW: FILING FEE IS \$61.25**

**APPROVED  
AND  
FILED**

**97 APR 28 AM 10: 58**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 729264 (2)**  
1. Corporation Name  
**FARNHAM "G" CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>C/O FARNHAM G. 145 CENTURY VILLAGE DEERFIELD BEACH FL 33442</b>	Mailing Address <b>C/O FARNHAM G. 145 CENTURY VILLAGE DEERFIELD BEACH FL 33442</b>
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3. Date Incorporated or Qualified <b>04/04/1974</b>	3a. Date of Last Report <b>04/27/1996</b>
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 25. Suite, Apt. #, etc. 26. City & State 27. Zip 28. Country
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4. FEI Number <b>59-1921741</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**CONDO.OWNERS ORGANZ. OF CENTURY VILLAGE E  
3501 WEST DRIVE  
DEERFIELD BEACH FL 33442-2085**

81. Name	10. Name and Address of New Registered Agent
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b> 85. Zip Code

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		DELETED
TITLE	<b>VD</b>	<input type="checkbox"/>
NAME	<b>BRUNO, NANCY</b>	
STREET ADDRESS	<b>FARNHAM G147</b>	
CITY - ST - ZIP	<b>DERFIELD BEACH FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/>
NAME	<b>LAZAROWITZ, RICKY</b>	
STREET ADDRESS	<b>FARNHAM G 145</b>	
CITY - ST - ZIP	<b>DEERFIELD BEACH FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/>
NAME	<b>LEVINE, HANNAH</b>	
STREET ADDRESS	<b>FARNHAM G154</b>	
CITY - ST - ZIP	<b>DEERFIELD BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>LEVY, RUTH</b>	
STREET ADDRESS	<b>FARNHAM G 164</b>	
CITY - ST - ZIP	<b>DEERFIELD BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>COTTER, ROSEMARY</b>	
STREET ADDRESS	<b>FARNHAM G 155</b>	
CITY - ST - ZIP	<b>DEERFIELD BEACH FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/>
NAME	<b>BRUNO, ANDREW</b>	
STREET ADDRESS	<b>FARNHAM G 147</b>	
CITY - ST - ZIP	<b>DEERFIELD BCH FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	<b>700002159537-9</b>		
1.3 STREET ADDRESS	<b>-04/29/97--01109--001</b>		
1.4 CITY - ST - ZIP	<b>***15190.00 *****61.25</b>		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: **ANDREW BRUNO** 1/16/97 954 428-6423  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0076895

CR2E037 (9/96)