

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729265

1. Entity Name

FARNHAM "H" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

171 FARNHAM H
DEERFIELD BEACH FL 33442

Mailing Address

171 FARNHAM H
DEERFIELD BEACH FL 33442-2969

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

04-25-2000 90324 001 15,006.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1927466

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BALISH, LAWRENCE
171 FARNHAM H
DEERFIELD BEACH FL 33442

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 \$81.25

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	D	<input type="checkbox"/> Delete
NAME	BALISH, FRANCINE	
STREET ADDRESS	FARNHAM H 171	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	ARNOLD, JULIA	
STREET ADDRESS	FARNHAM H-173	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	BROOKS MARY	
STREET ADDRESS	FARNHAM H-184	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BALISH, LAWRENCE	
STREET ADDRESS	FARNHAM H-171	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREEN, LOUIS	
STREET ADDRESS	182 FARNHAM H	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 18.07(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 817, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Francine Balish

1/4/00 - 418-4901

CR2E037 (9/99)