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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 730000 (7)
1. Corporation Name
MARKHAM "M" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
268 MARKHAM M DEERFIELD BEACH FL 33442 268 MARKHAM M DEERFIELD BEACH FL 33442

3. Date Incorporated or Qualified 06/20/1974 3a. Date of Last Report 05/01/1994
4. FEI Number 59-1883151 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 26 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 27 City & State 27 City & State
23 28 Zip Country 28 Zip Country
24 25 29 30

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under C. 129.022, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
CONDOMINIUM OWNERS ORGANIZATION OF CVE
3501 WEST DRIVE
DEERFIELD BEACH FL 33442-2085

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when relocating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHECHTMAN, SYLVIA	12 NAME	
STREET ADDRESS	268 MARKHAM M	13 STREET ADDRESS	
CITY ST ZIP	DEERFIELD BCH, FL 0	14 CITY ST ZIP	
TITLE	STD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YAGER, FREIDA	22 NAME	
STREET ADDRESS	272 MARKHAM M	23 STREET ADDRESS	
CITY ST ZIP	DEERFIELD BCH, FL 0	24 CITY ST ZIP	
TITLE	DVP	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULMAN, GUSSIE	32 NAME	DVP
STREET ADDRESS	285 MARKHAM M	33 STREET ADDRESS	CACCIOLA, SAM
CITY ST ZIP	DEERFIELD BCH, FL	34 CITY ST ZIP	287 MARKHAM M
TITLE	D	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEMENTS, JOHN	42 NAME	DEERFIELD BCH, FL.
STREET ADDRESS	286 MARKHAM M	43 STREET ADDRESS	
CITY ST ZIP	DEERFIELD BCH FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REVZEN, LOUIS	52 NAME	
STREET ADDRESS	288 MARKHAM M	53 STREET ADDRESS	
CITY ST ZIP	DEERFIELD BEACH FL	54 CITY ST ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	SPY 511
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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 817, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sylvia Schechtman SYLVIA SCHECHTMAN 1/14/95 (305) 428-2646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date System Trace