

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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DEERFIELD BEACH FL 33442

3. Date Incorporated or Qualified
06/20/1974

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number
59-1883151

Applied For
Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State
23

City & State
28

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Zip
24

Country
25

Zip
29

Country
30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONDOMINIUM OWNERS ORGANIZATION OF CVE
3501 WEST DRIVE
DEERFIELD BEACH FL 33442-2085

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCHECHTMAN, SYLVIA	
STREET ADDRESS	268 MARKHAM M	
CITY-ST-ZIP	DEERFIELD BCH, FL 0	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	YAGER, FREIDA	
STREET ADDRESS	272 MMRKHAM M	
CITY-ST-ZIP	DEERFIELD BCH, FL 0	
TITLE	DVR	<input checked="" type="checkbox"/> DELETE
NAME	CACCIOLA, SAM	
STREET ADDRESS	287 MARKHAM M	
CITY-ST-ZIP	DEERFIELD BCH, FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CLEMENTS, JOHN	
STREET ADDRESS	286 MARKHAM M	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REVZEN, LOUIS	
STREET ADDRESS	288 MARKHAM M	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	100001797881
2.1 TITLE	-04729796--01024--001 Change <input type="checkbox"/> Addition
2.2 NAME	***15128.75
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	V.P. MANKETO, MINNIE
3.3 STREET ADDRESS	271 MARKHAM M
3.4 CITY-ST-ZIP	DEERFIELD BCH, FL.
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D RUBIN, NAT
4.3 STREET ADDRESS	280 MARKHAM M
4.4 CITY-ST-ZIP	DEERFIELD BCH, FL.
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D LEIGH-TAYLOR, CHARLOTTE
5.3 STREET ADDRESS	283 MARKHAM M
5.4 CITY-ST-ZIP	DEERFIELD BCH, FL.
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

4/27/96 OMC

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 119.07(3)(k), 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: *Sylvia Schechtman, Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SYLVIA SCHECHTMAN

1/25/96 954-428-2646

Date

Daytime Phone #

CR2E037 (12/95)