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97 APR 29 AM 11:10

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 730000 (7)
 1. Corporation Name
MARKHAM "M" CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 268 MARKHAM M DEERFIELD BEACH FL 33442	Mailing Address 268 MARKHAM M DEERFIELD BEACH FL 33442-2765
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3. Date Incorporated or Qualified 06/20/1974	3a. Date of Last Report 04/27/1996
4. FEI Number 59-1883151	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

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 MARKHAM M	
CITY - ST - ZIP	DEERFIELD BCH, FL 0	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	MANKETO, MINNIE	
STREET ADDRESS	271 MARKHAM M	
CITY - ST - ZIP	DEERFIELD BCH, FL 33442	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RUBIN, NAT	
STREET ADDRESS	280 MARKHAM M	
CITY - ST - ZIP	DEERFIELD BCH FL 33442	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REVZEN, LOUIS	
STREET ADDRESS	288 MARKHAM M	
CITY - ST - ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEIGH-TAYLOR, CHARLOTTE	
STREET ADDRESS	283 MARKHAM M	
CITY - ST - ZIP	DEERFIELD BCH, FL 33442	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	800002159958-19	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	-04/29/97--01109--001	
1.3 STREET ADDRESS	**15190.00 *****61.25	
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MIELE, KATE	
3.3 STREET ADDRESS	281 MARKHAM M	
3.4 CITY - ST - ZIP	DEERFIELD BCH, FL, 33442	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CLEMENTS, JOHN	
4.3 STREET ADDRESS	286 MARKHAM M	
4.4 CITY - ST - ZIP	DEERFIELD BCH, FL, 33442	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

4/29

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 1/8/97 954-428-2646
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0042840

CR2E037 (9/96)