

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>268 MARKHAM M DEERFIELD BEACH FL 33442</b>	Mailing Address <b>268 MARKHAM M DEERFIELD BEACH FL 33442</b>
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3. Date Incorporated or Qualified <b>06/20/1974</b>	
4. FEI Number <b>59-1883151</b>	Applied For <input type="checkbox"/> Not Applicable

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip Country	26. Zip Country

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>
7. Is this nonprofit corporation a homeowners Association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 <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

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHECHTMAN, SYLVIA</b>	
STREET ADDRESS	<b>268 MARKHAM M</b>	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>YAGER, FREIDA</b>	
STREET ADDRESS	<b>272 MARKHAM M</b>	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>MIELE, KATE</b>	
STREET ADDRESS	<b>281 MARKHAM M</b>	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL 33442</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CLEMENTS, JOHN</b>	
STREET ADDRESS	<b>286 MARKHAM M</b>	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL 33442</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>REVZEN, LOUIS</b>	
STREET ADDRESS	<b>288 MARKHAM M</b>	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL 33442</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>30000024748008</b>
5.3 STREET ADDRESS	<b>-04/01/98--01022--010</b>
5.4 CITY-ST-ZIP	<b>***15006.25</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**PE 331**

14. I 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* 11/21/98 1054 1129-2611

CFR2E037 (10/97)