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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 730000

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
 06/20/1974

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
 59-1883151

Applied For
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip Country

29 Zip Country

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

FL

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

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 DELETE
 NAME SCHECHTMAN, SYLVIA
 STREET ADDRESS 268 MARKHAM M
 CITY-ST-ZIP DEERFIELD BEACH FL

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE STD DELETE
 NAME YAGER, FREIDA
 STREET ADDRESS 272 MMRKHAM M
 CITY-ST-ZIP DEERFIELD BEACH FL

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DV DELETE
 NAME MIELE, KATE
 STREET ADDRESS 281 MARKHAM M
 CITY-ST-ZIP DEERFIELD BEACH FL 33442

3.1 TITLE Change Addition
 3.2 NAME D MIELE, KATE
 3.3 STREET ADDRESS 281 MARKHAM M
 3.4 CITY-ST-ZIP DEERFIELD BCH, FL 33442

TITLE D DELETE
 NAME CLEMENTS, JOHN
 STREET ADDRESS 286 MARKHAM M
 CITY-ST-ZIP DEERFIELD BEACH FL 33442

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE D DELETE
 NAME REVZEN, LOUIS
 STREET ADDRESS 288 MARKHAM M
 CITY-ST-ZIP DEERFIELD BEACH FL 33442

5.1 TITLE Change Addition
 5.2 NAME VD DOMINICK OLIVA
 5.3 STREET ADDRESS 279 MARKHAM M
 5.4 CITY-ST-ZIP DEERFIELD BCH, FL 33442

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *Sylvia Schechtman* SYLVIA SCHECHTMAN 1/6/99 954-428-2646
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)