


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

04-27-2006 90417 001 15,496.25

DOCUMENT # 730000			
1. Entity Name MARKHAM "M" CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business C/O CONDO OWNER ORG OF CENT 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085		Mailing Address C/O CONDO OWNER ORG OF CENT 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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	
8. Name and Address of Current Registered Agent C/O CONDO OWNERS ORG OF CEN 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL Zip Code	
9. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PTD SINGER, TILLIE 266 MARKHAM M DEERFIELD BEACH, FL 33442 <input checked="" type="checkbox"/> Delete	TITLE	P CAROL DiFilippo 390 MARKHAM R D.B. H 33442 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DV RUBIN, TOBY 280 MARKHAM M DEERFIELD BEACH, FL 33442 <input checked="" type="checkbox"/> Delete	TITLE	V STAN LINDEN 265 MARKHAM M D.B. H 33442 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SD DIGIACOMO, GERI 288 MARKHAM M DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete	TITLE	T Tillie SINGER 266 MARKHAM M D.B. H 33442 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D DIGIACOMO, GERI 288 MARKHAM M DEERFIELD BEACH, FL 33442 <input checked="" type="checkbox"/> Delete	TITLE	D Toby RUBIN 260 MARKHAM M D.B. H 33442 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D OSTROVE, ARTHUR 287 MARKHAM M DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete	TITLE	D JAMES Dingle 282 MARKHAM M D.B. H 33442 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D HILL, MARVIN 274 MARKHAM M DEERFIELD BEACH, FL 33442 <input checked="" type="checkbox"/> Delete	TITLE	D MAYOR MILL 274 MARKHAM M D.B. H 33442 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like information.			
SIGNATURE: <i>Carol DiFilippo</i>		Date: <i>2/22/06</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR		Daytime Phone #: <i>(954) 418-8877</i>	

CAROL DiFILIPPO