
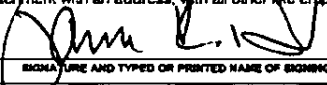


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007 8:00 am
Secretary of State

04-27-2007 90235 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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02282007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1883151	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C/O CONDO OWNERS ORG OF CEN 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. 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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____					
10. Filing Fee is \$61.25 Due by May 1, 2007		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	<input checked="" type="checkbox"/> Delete	TITLE	PTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIFILIPPO, CAROL		NAME	JAMES DINGLE	
STREET ADDRESS	390 MARKHAM DR		STREET ADDRESS	282 MARKHAM 'M'	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP	D.B # 33442	
TITLE	DV	<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDEN, STAN		NAME	GERI DIGIACOMO	
STREET ADDRESS	265 MARKHAM DR		STREET ADDRESS	288 MARKHAM 'M'	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP	D.B # 33442	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SINGER, TILLIE		NAME	JAMIE SCHWARTZ	
STREET ADDRESS	268 MARKHAM DR		STREET ADDRESS	271 MARKHAM 'M'	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP	D.B # 33442	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUBIN, TOBY		NAME	ART OSTROVE	
STREET ADDRESS	280 MARKHAM DR		STREET ADDRESS	267 MARKHAM 'M'	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANGLE, JAMES		NAME		
STREET ADDRESS	282 MARKHAM DR		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILL, MAYOR		NAME		
STREET ADDRESS	274 MARKHAM DR		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		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 empowered.					
SIGNATURE: 		JAMES DINGLE		4/15/07 (954) 421-4876	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

