FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # 730002

1. Corporation Name

MARKHAM "G" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
MARKHAM G 141 CENTURY VILLAGE DEERFIELD BEACH FL 33442	MARKHAM G 141 CENTURY VILLAGE DEERFIELD BEACH FL 33442

2. Principal Place of Business **21**	**2a.** Mailing Address **26**	**3.** Date Incorporated or Qualifed **06/20/1974**	
Suite, Apt. #, etc. **22**	Suite, Apt. #, etc. **27**	**4.** FEI Number **59-1906861**	Applied For Not Applicable
City & State **23**	City & State **28**	**5.** Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
Zip **24** Country **25**	Zip **29** Country **30**	**6.** Election Campaign Financing ☐ Trust Fund Contribution	**$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

APPELBAUM, MICHAEL
MARKHAM "G" 141/CVE
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	**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: TD NAME: APPELBAUM, MICHAEL STREET ADDRESS: MARK 141 G, CENTURY VIL CITY-ST-ZIP: DEERFIELD BEACH FL	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: VD NAME: JURIST, REUBEN STREET ADDRESS: MARK 149 G, CENTURY VIL CITY-ST-ZIP: DEERFIELD BEACH FL 33442	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: PD NAME: DUBOWITZ, GEORGE STREET ADDRESS: MARKHAM G 152 CITY-ST-ZIP: DEERFIELD BEACH FL 33442	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: S NAME: SOSTCHEN, MAY STREET ADDRESS: MARKHAM G 131 CITY-ST-ZIP: DEERFIELD BEACH FL 33442	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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: _Reuben Jurist V.D. 4/1/99 954-421-1926_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E037 (11/98)