

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **730002**
 1. Entity Name
MARKHAM "G" CONDOMINIUM ASSN INC

FILED
Jul 12, 2000 8:00 am
Secretary of State
 04-25-2000 90324 001 15,006.25

Principal Place of Business Mailing Address
MARKHAM G 139 CENTURY VILLAGE DEERFIELD BEACH FL 33442 **MARKHAM G 139 CENTURY VILLAGE DEERFIELD BEACH FL 33442**

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 **59-1906861** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
SIDNEY MESSLING
MARKHAM "G" 139 CVE
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

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	MESSLING, SIDNEY	
STREET ADDRESS	MARK 139 "G" CENTURY VIL	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JURIST, REUBEN	
STREET ADDRESS	MARK 149 "G" CENTURY VIL	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DUBOWITZ, GEORGE	
STREET ADDRESS	MARK "G" 152 CENTURY VIL	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	S	<input type="checkbox"/> Delete
NAME	SOSTCHEN, MAY	
STREET ADDRESS	MARK "G" 131 CENTURY VIL	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: Sidney Messling **MESSLING** 3/27/2000 (954) 725-9474
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)