

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 730002

1. Entity Name

MARKHAM "G" CONDOMINIUM ASSOCIATION, INC.



FILED

04 APR 27 PM 2:09

TALLAHASSEE FLORIDA
66413121

Principal Place of Business Mailing Address
C/O CONDOMINIUM OWNERS ORGANIZATION C/O CONDOMINIUM OWNERS ORGANIZATION O
3501 WEST DRIVE 3501 WEST DRIVE
DEERFIELD BEACH FL 33442-2085 DEERFIELD BEACH FL 33442-2085

2. Principal Place of Business

3. Mailing Address



MOORE CR2E037 (11/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1906861

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONDOMINIUM OWNERS ORGANIZATION OF CENTURY
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.

\$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: TD
NAME: MESSLING, GLENDA Delete
STREET ADDRESS: 148 MARKHAM G
CITY-ST-ZIP: DEERFIELD BEACH FL 33442

TITLE: PD
NAME: LANDAU, SONNIE Change Addition
STREET ADDRESS: 145 MARKHAM G
CITY-ST-ZIP: DEERFIELD BEACH, FL. 33442

TITLE: PD
NAME: JURIST, REUBEN Delete
STREET ADDRESS: MARK 149 G, CENTURY VIL
CITY-ST-ZIP: DEERFIELD BEACH FL 33442

TITLE: VD
NAME: ROBERTS, ALICE Change Addition
STREET ADDRESS: 144 MARKHAM G
CITY-ST-ZIP: DEERFIELD BEACH, FL. 33442

TITLE: PD
NAME: KAPLAN, ABRAHAM Delete
STREET ADDRESS: MARKHAM G 138
CITY-ST-ZIP: DEERFIELD BEACH FL 33442

TITLE: D
NAME: [Blank] Change Addition
STREET ADDRESS: [Blank]
CITY-ST-ZIP: 700034616657
04/29/04--01020--001 **15006.25

TITLE: SD
NAME: KAPLAN, MARILYN Delete
STREET ADDRESS: 138 MARKHAM G
CITY-ST-ZIP: DEERFIELD BEACH FL 33442

TITLE: TS
NAME: DELLINGER, BILL Change Addition
STREET ADDRESS: 410 S. POWERLINE ROAD
CITY-ST-ZIP: DEERFIELD BEACH, FL. 33442

TITLE: D
NAME: SKLAR, AARON Delete
STREET ADDRESS: 142 MARKHAM G
CITY-ST-ZIP: DEERFIELD BEACH FL 33442

TITLE: [Blank] Change Addition
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: [Blank] Delete
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: VD
NAME: DIGIOIA, DOLORES Change Addition
STREET ADDRESS: 143 MARKHAM G
CITY-ST-ZIP: DEERFIELD BEACH, FL. 33442

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: *Bill Dellinger* BILL DELLINGER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/04 (954) 428-7013
Date Daytime Phone #