

# 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

<b>DOCUMENT # 730002</b> 1. Entity Name <b>MARKHAM "G" CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business C/O CONDO OWNERS ORG OF CVE, INC 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085			Mailing Address C/O CONDO OWNERS ORG OF CVE, INC 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>59-1906861</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				02282007    Chg-NP    CR2E037 (12/06)	
6. Name and Address of Current Registered Agent  <b>CONDOMINIUM OWNERS ORGANIZATION OF CENTURY</b> <b>3501 WEST DRIVE</b> <b>DEERFIELD BEACH, FL 33442-2085</b>			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	PD LANDAU, SONNIE 145 MARKHAM G DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Delete	TITLE	PD FRANKLYN KAPLAN 130 MARKHAM G D.B.H 33442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	145 MARKHAM G		STREET ADDRESS	130 MARKHAM G	
CITY- ST- ZIP	DEERFIELD BEACH, FL 33442		CITY- ST- ZIP	D.B.H 33442	
TITLE	DV	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERTS, ALICE		NAME	RALPH NAPP	
STREET ADDRESS	144 MARKHAM G		STREET ADDRESS	141 MARKHAM G	
CITY- ST- ZIP	DEERFIELD BEACH, FL 33442		CITY- ST- ZIP	D.B.H 33442	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SKLAR, AARON		NAME	LORRAINE BART	
STREET ADDRESS	142 MARKHAM G		STREET ADDRESS	146 MARKHAM G	
CITY- ST- ZIP	DEERFIELD BEACH, FL 33442		CITY- ST- ZIP	D.B.H 33442	
TITLE	TS	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DELLINGER, BILL		NAME	JACOB STEINGART	
STREET ADDRESS	410 S POWERLINE RD		STREET ADDRESS	143 MARKHAM G	
CITY- ST- ZIP	DEERFIELD BEACH, FL 33442		CITY- ST- ZIP	D.B.H 33442	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPLAN, ABRAHAM		NAME		
STREET ADDRESS	138 MARKHAM G		STREET ADDRESS		
CITY- ST- ZIP	DEERFIELD BEACH, FL 33442		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input 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 empowered.					
<b>SIGNATURE: Franklyn Kaplan FRANKLYN KAPLAN 4/15/07 (954) 725-4894</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					