


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

05-08-2008 90101 001 15,496.25

DOCUMENT # 730002

1. Entity Name
MARKHAM "G" CONDOMINIUM ASSOCIATION, INC.



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.

02112008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
59-1906861

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CONDOMINIUM OWNERS ORGANIZATION OF CENTURY
 3501 WEST DRIVE
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2008**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	KAPLAN, FRANKLYN	
STREET ADDRESS	130 MARKHAM G	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	DV	<input type="checkbox"/> Delete
NAME	ROBERTS, ALICE	
STREET ADDRESS	144 MARKHAM G	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	D	<input type="checkbox"/> Delete
NAME	SKLAR, AARON	
STREET ADDRESS	142 MARKHAM G	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	TS	<input type="checkbox"/> Delete
NAME	DELLINGER, BILL	
STREET ADDRESS	410 S POWERLINE RD	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAPLAN, ABRAHAM	
STREET ADDRESS	138 MARKHAM G	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	D	<input type="checkbox"/> Delete
NAME	NAPPI, RALPH	
STREET ADDRESS	141 MARKHAM G	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LORRAINE BART	
STREET ADDRESS	146 Markham G	
CITY-ST-ZIP	D.B. 71 33428	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jacobs Steingart	
STREET ADDRESS	143 Markham G	
CITY-ST-ZIP	D.B. 71 33442	
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 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: *Franklyn Kaplan* **FRANKLYN KAPLAN 4/2/08 (954) 725-4894**