2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#730002

FILED Apr 09, 2010 Secretary of State

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

Current Principal Place of Business:

New Principal Place of Business:

C/O CONDO OWNERS ORG OF CVE, INC 3501 WEST DRIVE EAST COAST MAINTENANCE 414 S POWERLINE ROAD DEERFIELD BEACH, FL 33442

DEERFIELD BEACH, FL 334422085

Current Mailing Address:

FEI Number: 59-1906861

New Mailing Address:

C/O CONDO OWNERS ORG OF CVE, INC 3501 WEST DRIVE

EAST COAST MAINTENANCE 414 S POWERLINE ROAD DEERFIELD BEACH, FL 33442

DEERFIELD BEACH, FL 334422085

DEERI IEED BEACH, LE 55

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CONDOMINIUM OWNERS ORGANIZATION OF CENTURY 3501 WEST DRIVE

EAST COAST MAINTENANCE 414 S POWERLINE ROAD

DEERFIELD BEACH, FL 334422085 US

DEERFIELD BEACH, FL 33442 US

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: JESSICA

04/09/2010

Electronic Signature of Registered Agent

FEI Number Applied For ()

Date

OFFICERS AND DIRECTORS:

Title: PD

Name: SKLAR, SHIRLEY Address: 142 MARKHAM G

City-St-Zip: DEERFIELD BEACH, FL 33442

Title: VP

Name: NAPPI, DONNA Address: 141 MARKHAM G

City-St-Zip: DEERFIELD BEACH, FL 33442

Title: D

Name: NAPPI, RALPH Address: 141 MARKHAM G

City-St-Zip: DEERFIELD BEACH, FL 33442

Title:

Name: KAPLAN, ABRAHAM Address: 138 MARKHAM G

City-St-Zip: DEERFIELD BEACH, FL 33442

Title:

Name: ROBERTS, ALICE Address: 144 MARKHAM G

City-St-Zip: DEERFIELD BEACH, FL 33442

Title: [

Name: KAPLAN, MARILYN Address: 141 MARKHAM G

City-St-Zip: DEERFIELD BEACH, FL 33442

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHIRLEY SKLAR P 04/09/2010