

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2000 8:00 am
Secretary of State

04-25-2000 90324 001 15,006.25

DOCUMENT # 730008

1. Entity Name

MARKHAM T^M CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**MARKHAM T 423
 DEERFIELD BHC FL 33442**

**MARKHAM T 423
 DEERFIELD BHC FL 33442-2772**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1895026

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

**CONDO OWNERS, ORG. OF CVE, INC.
 3501 WEST DRIVE CVE
 DEERFIELD BCH FL 33442**

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 _____

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**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Delete
NAME	BARKOE, MIRIAN	
STREET ADDRESS	MARKHAM T 440	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MAGID, MARCIA	
STREET ADDRESS	433 MARKHAM T	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GOLDWASSER, JOE	
STREET ADDRESS	MARKHAM T #423	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LEPORE, LARRY	
STREET ADDRESS	MARKHAM T 423	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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		
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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: *LARRY LEPORE* **REQUIRE** *LEPORE*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/00

428 8277

Case

Daytime Phone #

CR2E037 (9/99)