

2002 UNIFORM BUSINESS REPORT (UBR)

0036177

DOCUMENT # 730008

1. Entity Name

MARKHAM "T" CONDOMINIUM ASSOCIATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

02 APR -3 AM 11:13

Principal Place of Business

Mailing Address

MARKHAM T 423
DEERFIELD BHC FL 33442

MARKHAM T 423
DEERFIELD BHC FL 33442



DO NOT WRITE IN THIS SPACE

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 Delete
NAME BARKOE, MIRIAN
STREET ADDRESS MARKHAM T 440
CITY-ST-ZIP DEERFIELD BCH FL

TITLE Change Addition
NAME 500005257795-9
STREET ADDRESS -04/12/02--01058--001
CITY-ST-ZIP **15067.50 *****61.25

TITLE S Delete
NAME MAGID, MARCIA
STREET ADDRESS 433 MARKHAM T
CITY-ST-ZIP DEERFIELD BCH FL

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~VD~~ Delete
NAME ~~GOLDWASSER, JOE~~
STREET ADDRESS ~~MARKHAM T #423~~
CITY-ST-ZIP ~~DEERFIELD BCH FL~~

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD Delete
NAME LEPORE, LARRY
STREET ADDRESS MARKHAM T 423
CITY-ST-ZIP DEERFIELD BEACH FL

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-9-02

4288277

CR2E037 (9/01)