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**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90163 001 14,638.75

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 730017

1. Corporation Name

MARKHAM "H" CONDOMINIUM ASSOCIATION, INC.

3306107-90163-100

Principal Place of Business  
 176 MARKHAM H  
 DEERFIELD BEACH FL 33442

Mailing Address  
 AJ WALLACE MGT  
 P.O. BOX 273632  
 BOCA RATON FL 33427



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/20/1974	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1897716	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip	25	Country	29	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CONDOMINIUM OWNERS ORG OF CVE 3501 WEST DRIVE DEERFIELD BEACH FL 33442-2085				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CALIENDO, JOHN			1.2 NAME	Caliendo, John		
STREET ADDRESS	154 MARKHAM H			1.3 STREET ADDRESS	154 Markham H		
CITY-ST-ZIP	DEERFIELD BEACH FL			1.4 CITY-ST-ZIP	Deerfield Beach, FL 33442		
TITLE	TD	<input type="checkbox"/> DELETE		2.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARRACCINO, IGNATIUS			2.2 NAME	Marracino, Ignatius		
STREET ADDRESS	173 MARKHAM H			2.3 STREET ADDRESS	173 Markham H		
CITY-ST-ZIP	DEERFIELD BEACH FL			2.4 CITY-ST-ZIP	Deerfield Beach, FL 33442		
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SASLOW, HERBERT			3.2 NAME	Saslow, Herbert		
STREET ADDRESS	170 MARKHAM H			3.3 STREET ADDRESS	170 Markham H		
CITY-ST-ZIP	DEERFIELD BEACH FL			3.4 CITY-ST-ZIP	Deerfield Beach, FL 33442		
TITLE	DP	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ASOFSKY, JEROME			4.2 NAME	Currao, William		
STREET ADDRESS	176 MARKHAM H			4.3 STREET ADDRESS	167 Markham H		
CITY-ST-ZIP	DEERFIELD BEACH FL			4.4 CITY-ST-ZIP	Deerfield Beach, FL 33442		
TITLE	DV	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	JACOBS, MATILDA			5.2 NAME	Aroetsy, Abe		
STREET ADDRESS	166 MARKHAM H			5.3 STREET ADDRESS	164 Markham H		
CITY-ST-ZIP	DEERFIELD BEACH FL			5.4 CITY-ST-ZIP	Deerfield Beach, FL 33442		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John Caliendo 2/19/99 954-420-5258  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037-(11/98)