

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

04 APR 27 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

66413122



MOORE CR2E037 (11/03)

| | | | |
|--|---------|--|---|
| DOCUMENT # 730017 | | | |
| 1. Entity Name MARKHAM "H" CONDOMINIUM ASSOCIATION, INC. | | | |
| Principal Place of Business C/O COOCVE 3501 WEST DRIVE DEERFIELD BEACH FL 33442-2085 | | Mailing Address C/O COOCVE 3501 WEST DRIVE DEERFIELD BEACH FL 33442-2085 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 59-1897716 | | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | \$8.75 Additional Fee Required |

| | |
|---|---|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
| CONDOMINIUM OWNERS ORG OF CVE 3501 WEST DRIVE DEERFIELD BEACH FL 33442-2085 | 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.

000034616620
04/29/04--01020--001 **15006.25

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

| | | |
|--|---|--|
| FILE NOW: FEE IS \$61.25 Due By May 1, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
|--|---|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|----------------------------|---|---|--|
| TITLE | SD CALIENDO, JOHN <input checked="" type="checkbox"/> Delete | TITLE | V/D CALIENDO, JOHN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 155 MARKHAM H | NAME | 155 MARKHAM H |
| STREET ADDRESS | DEERFIELD BCH FL | STREET ADDRESS | DEERFIELD BEACH FL |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | PD MARRACCINO, IGNATIUS <input checked="" type="checkbox"/> Delete | TITLE | D MARRACCINO, IGNATIUS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 173 MARKHAM H | NAME | 173 MARKAM H |
| STREET ADDRESS | DEERFIELD BEACH FL | STREET ADDRESS | DEERFIELD BEACH FL |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | D ANTELL, LUCILLE <input type="checkbox"/> Delete | TITLE | D LEE, CHUNG <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | 176 MARKHAM H | NAME | 166 MARKHAM H |
| STREET ADDRESS | DEERFIELD BEACH FL | STREET ADDRESS | DEERFIELD BEACH FL |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | D ASOFSKY, JERRY <input checked="" type="checkbox"/> Delete | TITLE | P/D ASOFSKY, JERRY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 176 MARKHAM H | NAME | 176 MARKHAM H |
| STREET ADDRESS | DEERFIELD BEACH FL | STREET ADDRESS | DEERFIELD BEACH FL |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | D BELLAMY, PAT <input checked="" type="checkbox"/> Delete | TITLE | D CURRAO, BILL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | 169 MARKHAM H | NAME | 167 MARKHAM H |
| STREET ADDRESS | DEERFIELD BEACH FL | STREET ADDRESS | DEERFIELD BEACH FL |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | S/D CURRAO, RITA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | NAME | 167 MARKHAM H |
| STREET ADDRESS | | STREET ADDRESS | DEERFIELD BEACH FL |
| CITY-ST-ZIP | | 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: John Caliendo 2/4/04 954-420-5258
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #