


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

05-08-2008 90101 001 15,496.25

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1897716	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CONDOMINIUM OWNERS ORG OF CVE 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085			7. Name and Address of New Registered Agent		
			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.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	V	<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OSWALDO, ROSADO		NAME	Lucille Antell	
STREET ADDRESS	174 MARKHAM H		STREET ADDRESS	176 Markham H	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP	D.B.H 33442	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARRACCINO, IGNATIUS		NAME		
STREET ADDRESS	173 MARKHAM H		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH, FL		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURRAO, RITA		NAME		
STREET ADDRESS	167 MARKHAM H		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASOFSKY, JERRY		NAME		
STREET ADDRESS	176 MARKHAM H		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALIENDO, JOHN		NAME		
STREET ADDRESS	155 MARKHAM H		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURRAO, BILL		NAME		
STREET ADDRESS	167 MARKHAM H		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH, FL		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Jerome Asofsky</u>		JEROME ASOFSKY 4/2/08 (954) 425-0537			
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR		Date Daytime Phone #			

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