

2002 UNIFORM BUSINESS REPORT (UBR)

0036053

DOCUMENT # 730021

1. Entity Name

ELLESMERE "A" CONDOMINIUM ASSOCIATION, INC. ✓

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 APR -3 AM 9:21

Principal Place of Business

Mailing Address

~~ANTHONY MARINO~~ MARTIN FREEDMAN
~~ELLESMERE A 3000~~ 4014
DEERFIELD BCH FL 33442

~~ANTHONY MARINO~~ MARTIN FREEDMAN
~~ELLESMERE A 2000~~ 4014
DEERFIELD BCH 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

59-1898494

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

CONDOMINIUM OWNERS ORGANIZATION OF CENTURY VILLAGE EAST, INC.
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.

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	PD	<input checked="" type="checkbox"/> Delete
NAME	MARINO, ANTHONY	
STREET ADDRESS	ELLESMERE A 2008	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	FREEDMAN, MARTIN	
STREET ADDRESS	ELLESMERE A 4014	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	<input type="checkbox"/> Delete
NAME	GITLIN, ABRAHAM	
STREET ADDRESS	ELLESMERE A 3009	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLANCO, DOMINIC	
STREET ADDRESS	ELLESMERE A 4002	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	KAPLAN, VILMA	
STREET ADDRESS	ELLESMERE A 4013	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GUTWILL, FRED	
STREET ADDRESS	ELLESMERE A 2017	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN FREEDMAN	
STREET ADDRESS	ELLESMERE A	
CITY-ST-ZIP	DEERFIELD Bch, FL 33442	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILMA KAPLAN	
STREET ADDRESS	4013 ELLESMERE A	
CITY-ST-ZIP	DEERFIELD Bch FL 33442	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	800005258228--7	
CITY-ST-ZIP	-04/12/02--01058--001	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	**15067.50 ***61.25	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE COHE	
STREET ADDRESS	2004 ELLESMERE A	
CITY-ST-ZIP	DEERFIELD Bch FL 33442	

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: *Martin Freedman* 11/12/02 95421-2933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)