
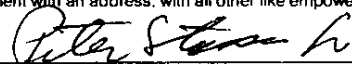


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90028 043 \*\*\*\*61.25

<b>DOCUMENT # 730021</b>					
1. Entity Name ELLESMERE "A" CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business CONDO OWNERS ORG OF CENTURY VILLAGE 3501 WEST DRIVE DEERFIELD BCH, FL 33442-2085			Mailing Address CONDO OWNERS ORG OF CENTURY VILLAGE 3501 WEST DRIVE DEERFIELD BCH, 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		4. FEI Number 59-1898494	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CONDOMINIUM OWNERS ORGANIZATION OF CENTURY VILLAGE EAST, INC. 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		
			State: <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HYDE, ANDY		NAME	PETER STASSA, JR	
STREET ADDRESS	ELLESMERE A 4004		STREET ADDRESS	2003 ELLESMERE A	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GASHO, JOYCE		NAME	WELCH KANE	
STREET ADDRESS	1014 ELLESMERE A		STREET ADDRESS	3003 ELLESMERE A	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAPLAN, VILMA		NAME	ILONE LEVIN	
STREET ADDRESS	4013 ELLESMERE A		STREET ADDRESS	4006 ELLESMERE A	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EILENBERG, PHYLLIS		NAME	HENRY GOLDSTEIN	
STREET ADDRESS	4013 ELLESMERE A		STREET ADDRESS	3013 ELLESMERE A	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAUFMAN, MAXINE		NAME		
STREET ADDRESS	4011 ELLESMERE A		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	MARCUS, DAVID		NAME		
STREET ADDRESS	4009 ELLESMERE A		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		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: 		2/01/2008		954-725-4547	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	