

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90140 028 \*\*\*\*61.25

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NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # 730023**

1. Corporation Name  
**ELLESMERE "C" CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business  
**ANNE BERNDNOPF**  
**ELLESMERE C 179**  
**DEERFIELD BEACH FL 33442**

Mailing Address  
**ANNE BERNDNOPF**  
**ELLESMERE C 179**  
**DEERFIELD BEACH FL 33442**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/21/1974	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1881866	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing <input type="checkbox"/>	
24		29		Trust Fund Contribution <input type="checkbox"/>	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CONDOMINIUM OWNERS ORGANIZAZION OF CENTURY VILLAGE EAST, INC.</b> <b>3501 WEST DRIVE</b> <b>DEERFIELD BEACH FL 33442-2085</b>				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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPUTO, BELLA	1.2 NAME	
STREET ADDRESS	ELLESMERE C 180	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHWEIGER, EDWARD	2.2 NAME	COHEN, ESTELLE
STREET ADDRESS	ELLESMERE C 163	2.3 STREET ADDRESS	ELLESMERE C 169
CITY-ST-ZIP	DEERFIELD BEACH FL	2.4 CITY-ST-ZIP	DEERFIELD BCH, FL.
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOOSER, TERESA	3.2 NAME	SHAFERMAN, LILIAN
STREET ADDRESS	ELLESMERE C 164	3.3 STREET ADDRESS	ELLESMERE C 178
CITY-ST-ZIP	DEERFIELD BCH FL	3.4 CITY-ST-ZIP	DEERFIELD BCH FL.
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANDALL, GAIL	4.2 NAME	
STREET ADDRESS	ELLESMERE C 174	4.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH FL	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERKNOPF, ANNE	5.2 NAME	
STREET ADDRESS	ELLESMERE C 179	5.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	5.4 CITY-ST-ZIP	
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)(l), 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: Anne Bernknopf SIGNATURE REQUIRED Date: Jan 11, 1999 Daytime Phone #: 954-360-7057

CR2E037 (1/198)