

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730023

1. Entity Name

ELLESMERE "C" CONDOMINIUM ASSOCIATION, INC.

FILED
Jul 12, 2000 8:00 am
Secretary of State

04-25-2000 90324 001 15,006.25

Principal Place of Business ANNE BERKNOPF ELLESMERE C 174 DEERFIELD BEACH FL 33442	Mailing Address ANNE BERKNOPF ELLESMERE C 174 DEERFIELD BEACH FL 33442-3538
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business ELLESMERE C 174 Suite, Apt. #, etc.	3. Mailing Address ELLESMERE C 174 Suite, Apt. #, etc.
---	---

City & State	City & State	4. FEI Number 59-1881866	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

8. Name and Address of Current Registered Agent

CONDOMINIUM OWNERS ORGANIZAZTKN 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 **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 Gail Randell GAIL RANDELL 3/24/2000
Signature of officer or director, name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CAPUTO, BELLA	
STREET ADDRESS	ELLESMERE C 180	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KOOSER, TERESA	
STREET ADDRESS	ELLESMERE C 184	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RANDALL, GAIL	
STREET ADDRESS	ELLESMERE C 174	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BERKNOPF, ANNE	
STREET ADDRESS	ELLESMERE C 179	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	COHEN, ESTELLE	
STREET ADDRESS	ELLESMERE C 169	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAIL RANDELL	
STREET ADDRESS	ELLESMERE C 174	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: GAIL RANDELL 3/24/2000 (954)421-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (9/99)