

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

Mailing Address

~~ANNE BERKNOPF~~
 ELLESMERE C 174
 DEERFIELD BEACH FL 33442

~~ANNE BERKNOPF~~
 ELLESMERE C 174
 DEERFIELD BEACH FL 33442-3538

2. Principal Place of Business

ELLESMERE C 174

Suite, Apt. #, etc.

3. Mailing Address

ELLESMERE C 174

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-1881866

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$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 individual or printed 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		<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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/2000

(954)421-2100
 Daytime Phone

CR2E037 (9/99)