2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED **DOCUMENT # 730026** 1. Entity Name 04 APR 27 PM 2: 12 MARKHAM "J" CONDOMINIUM ASSOCIATION, INC. TA166413124FLORIDA Principal Place of Business Mailing Address C/O COOCVE 3501 WEST DRIVE DEERFIELD BEACH FL 33442-2085 C/O COOCVE 3501 WEST DRIVE DEERFIELD BEACH FL 33442-2085 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-1921753 Not Applicable Zin Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CONDOMINIUM OWNERS ORANGIZ. OF CENT, VILL E Street Address (P.O. Box Number is Not Acceptable) 3501 WEST DRIVE DEERFIELD BEACH FL 33442-2085 City 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 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 Make Check Pavable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition ROTHMAN, FREDA NAME NAME MARKHAM J 194 600034616586 STREET ADDRESS STREET ADDRESS **DEERFIELD BEACH FL 33442** 04/29/04--01020--001 \*\*15006.25 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE DELLINGER, BILL NAME NAME 410 S. POWERLINE RD STREET ADDRESS STREET ADDRESS **DEERFIELD BEACH FL 33442** CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete Addition TITLE TITLE CONLIN, RICHARD CONLEY, RICHARD NAME 208 MARKHAM J STREET ADDRESS STREET ADDRESS DÉERFIELD BEACH FL 33442 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE SACKS, ESSIE NAME NAME MARKHAM J 212 STREET ADDRESS STREET ADDRESS DEERFIELD BEACH FL 33442 CITY-ST-79P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition RUBENS, EDWIN NAME NAME MARKHAM J 193 STREET ADDRESS STREET ADDRESS **DEERFIELD BEACH FL 33442** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition GOLDLANG, FRED NAME NAME MARKHAM J 213 STREET ADDRESS STREET ADDRESS DEERFIELD BEACH FL 33442 CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILL DELLINGER 2/6/04 (954)4428-70/3

SIGNATURE AND TYPED OR PRINTEP PLANE OF SIGNING OFFICER OR DIRECTOR

Dayling Phone #

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