

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735214

1. Entity Name

GRANTHAM D CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

GRANTHAM D-5
CENTURY VILLAGE
DEERFIELD BCH FL 33442

Mailing Address

GRANTHAM D-5
CENTURY VILLAGE
DEERFIELD BCH FL 33442-3410

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1852862

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CONDOMINIUM OWNERS ORGANIZATION OF CENTURY
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

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete
PD
MALIN, JACK
STREET ADDRESS
GRANTHAM D #5
CITY-ST-ZIP
DEERFIELD BCH, FL 00000

TITLE NAME ☐ Delete
D
WEINSTEIN, MILDRED
STREET ADDRESS
GRANTHAM D 18
CITY-ST-ZIP
DEERFIELD BCH, FL 00000

TITLE NAME ☐ Delete
VD
COHEN, ARTHUR
STREET ADDRESS
GRANTHAM D #10
CITY-ST-ZIP
DEERFIELD BEACH FL

TITLE NAME ☐ Delete
S
MALIN, SHIRLEY
STREET ADDRESS
GRANTHAM D 5
CITY-ST-ZIP
DEERFIELD BEACH FL

TITLE NAME ☐ Delete
T
MALIN, SHIRLEY
STREET ADDRESS
GRANTHAM D 5
CITY-ST-ZIP
DEERFIELD BEACH FL 33442

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

Malin Shirley PRESIDENT

1-16-00

(954) 426-1072

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (9/99)