

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 736307 (0)

1. Corporation Name
UPMINSTER 'E' CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **UPMINSTER E 98 DEERFIELD BEACH FL 33442-2867**
Mailing Address: **UPMINSTER E 98 DEERFIELD BEACH FL 33442-2867**

3. Date Incorporated or Qualified: **07/07/1976**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-1905996**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**CONDO, OWNERS ORGANIZATION OF CENTURY VILL
3501 WEST DRIVE
DEERFIELD BEACH FL 33442-2085**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 85 Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEN, ROSE	12 NAME	
STREET ADDRESS	UPMINSTER E-109	13 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH, FL 00000	14 CITY-ST-ZIP	33442
TITLE	VD <input type="checkbox"/> DELETE	21 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSS, ARTHUR	22 NAME	
STREET ADDRESS	UPMINSTER E 99	23 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH FL	24 CITY-ST-ZIP	33442
TITLE	PTD <input type="checkbox"/> DELETE	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WULFSON, SOPHIE	32 NAME	300001797683
STREET ADDRESS	UPMINSTER E-98	33 STREET ADDRESS	-04/29/96--01024--001
CITY-ST-ZIP	DEERFIELD BCH, FL 00000	34 CITY-ST-ZIP	***15128.75 33442
TITLE	P <input type="checkbox"/> DELETE	41 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINE, RUBIN	42 NAME	
STREET ADDRESS	UPMINSTER E-110	43 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH, FL 00000	44 CITY-ST-ZIP	33442
TITLE	VD <input checked="" type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLDBERG, JACK	52 NAME	D FRIEDLANDER, CHARLOTTE
STREET ADDRESS	UPMINSTER E-101	53 STREET ADDRESS	UPMINSTER E III
CITY-ST-ZIP	DEERFIELD BCH, FL 00000	54 CITY-ST-ZIP	DEERFIELD BEACH FL 33442
TITLE	D <input checked="" type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRIEGER, CHARLOTTE	62 NAME	
STREET ADDRESS	UPMINSTER E-116	63 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH FL	64 CITY-ST-ZIP	

Handwritten notes and signatures in the table above, including '4/27/96 CMC' and '33442'.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Robert Benjamin Prop. Mg.* 2/22/96 407 338-9141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)