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97 APR 28 AM 11:42

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # 736307 (0)
1. Corporation Name
UPMINSTER "E" CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
UPMINSTER E 98 DEERFIELD BEACH FL 33442-2867 **UPMINSTER E 98 DEERFIELD BEACH FL 33442-2865**

3. Date Incorporated or Qualified **07/07/1976** 3a. Date of Last Report **04/27/1996**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **59-1905996** Applied For Not Applicable
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. 25. 29. 30.

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

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 | ROSEN, ROSE UPMINSTER E-109 DEERFIELD BEACH FL 33442 | 1.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | | 1.2 NAME | |
| STREET ADDRESS | | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 1.4 CITY - ST - ZIP | |
| TITLE D <input checked="" type="checkbox"/> DELETE | GROSS, ARTHUR UPMINSTER E 99 DEERFIELD BCH FL 33442 | 2.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | | 2.2 NAME Dinerman, Bernie | |
| STREET ADDRESS | | 2.3 STREET ADDRESS Upminster E 116 | |
| CITY - ST - ZIP | | 2.4 CITY - ST - ZIP Deerfield Beach, FL 33442 | |
| TITLE PTD <input type="checkbox"/> DELETE | WULFSON, SOPHIE UPMINSTER E-98 DEERFIELD BEACH FL 33442 | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | 500002159495--2 |
| STREET ADDRESS | | 3.3 STREET ADDRESS | -04/29/97--01109--001 |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | ***15190.00 *****61.25 |
| TITLE VD <input type="checkbox"/> DELETE | LEVINE, RUBIN UPMINSTER E-110 DEERFIELD BCH, FL 00000 | 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | 33442 |
| TITLE D <input type="checkbox"/> DELETE | FRIEDLANDER, CHARLOTTE UPMINSTER E-111 DEERFIELD BEACH FL 33442 | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE <input type="checkbox"/> DELETE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | 8/7/128 |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

14. I do 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 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: Sophie Wulfson **SOPHIE WULFSON, PRESIDENT 2/7/97 (954) 427-8578**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0042697

CR2E037 (9/96)