


FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 31 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 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	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-1905996	

21. Principal Place of Business 21	2a. Mailing Address 2a AJ Wallace Mgt.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 P.O. Box 273632
City & State 23	City & State 28 Boca Raton, FL
Zip 24	Country 25
Zip 29 33427	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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
85 Zip Code

FL

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 D	<input type="checkbox"/> DELETE	1.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROSEN, ROSE		1.2 NAME Rose Weinstein Rosen	
STREET ADDRESS UPMINSTER E-109		1.3 STREET ADDRESS	
CITY-ST-ZIP DEERFIELD BEACH FL 33442		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DINERMAN, BERNIE		2.2 NAME	
STREET ADDRESS UPMINSTER E 116		2.3 STREET ADDRESS	
CITY-ST-ZIP DEERFIELD BEACH FL 33442		2.4 CITY-ST-ZIP	
TITLE PTD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WULFSON, SOPHIE		3.2 NAME	
STREET ADDRESS UPMINSTER E-98		3.3 STREET ADDRESS	
CITY-ST-ZIP DEERFIELD BEACH FL 33442		3.4 CITY-ST-ZIP	
TITLE VD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE 2 V. D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LEVINE, RUBIN		4.2 NAME Weinreb, Joe	
STREET ADDRESS UPMINSTER E-110		4.3 STREET ADDRESS 118 Upminster E	
CITY-ST-ZIP DEERFIELD BEACH FL 33442		4.4 CITY-ST-ZIP Deerfield Beach, FL 33442	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE D.S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FRIEDLANDER, CHARLOTTE		5.2 NAME Reaume, Louella	
STREET ADDRESS UPMINSTER E-111		5.3 STREET ADDRESS 118 Upminster E	
CITY-ST-ZIP DEERFIELD BEACH FL 33442		5.4 CITY-ST-ZIP Deerfield Beach, FL 33442	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

700002474687
-04/01/98--01022--010
***15006.25

PE
3-31

14. 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 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 _____ DATE **2/19/98**

CFR2037 (10/97)