


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90417 001 15,496.25

DOCUMENT # 736307				
1. Entity Name UPMINSTER "E" CONDOMINIUM ASSOCIATION, INC.				
Principal Place of Business 115 UPMINSTER E DEERFIELD BEACH FL 33442-2867		Mailing Address PO BOX 898 DEERFIELD BCH FL 33443		
<p style="text-align: center;"><i>Condominium Owners Organization of Century Village East.</i></p>				
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		
<p><i>Condo-Owners Org. of Century Village East</i></p>		<p><i>3501 West Drive</i></p>		
City & State <i>Deerfield Beach, FL</i>		City & State <i>Deerfield Beach, FL</i>		
Zip <i>33442</i>		Zip <i>33442</i>		
Country <i>USA</i>		Country <i>USA</i>		
4. FEI Number <b>59-1905996</b>		Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
<p><b>CONDO.OWNERS ORGANIZATION OF CENTURY VILL</b>  <b>3501 WEST DRIVE</b>  <b>DEERFIELD BEACH FL 33442-2085</b></p>		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		City	Zip Code	
		<b>FL</b>		
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 _____ DATE _____				
<p>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when returning)</p>				
<p><b>FILE NOW - FEE IS \$61.25</b>  <b>Due By May 1, 2006</b></p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p>		
<p><b>Make Check Payable to Florida Department of State</b></p>				
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD RIFKIN, ANN 116 UPMINSTER E DEERFIELD BEACH FL 33442-2867	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD KURTA, PAULINE 112 UPMINSTER E DEERFIELD BEACH FL 33442	<input checked="" type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	D COLLINS, LEROY 119 UPMINSTER E DEERFIELD BEACH FL 33442	<input checked="" type="checkbox"/> Delete	STREET ADDRESS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	D PEZZE, ANGELO 102 UPMINSTER E DEERFIELD BEACH FL 33442	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	VD PREISS, HAROLD 117 UPMINSTER E DEERFIELD BEACH FL 33442-2841	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	T DELLINGER, BILL 410 S POWERLINE ROAD DEERFIELD BEACH FL 33442	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <i>Bill Dellinger</i> <b>BILL DELLINGER</b>		Date: <i>2/14/06</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		
		Office Phone # <i>(954) 428-7013</i>		