

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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95 MAY - 1 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-05/04/95--01001--001  
\*\*22750.00 \*\*\*130.00  
DO NOT WRITE IN THIS SPACE

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **736312** (0)  
1. Corporation Name  
**UPMINSTER "K" CONDOMINIUM ASSOCIATION, INC..**

Principal Place of Business Mailing Address  
**UPMINSTER K 3029  
CENTURY VILLAGE  
DEERFIELD BEACH FL 33442** **UPMINSTER K 3029  
CENTURY VILLAGE  
DEERFIELD BEACH FL 33442**

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

3. Date Incorporated or Qualified <b>07/07/1976</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-1941401</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**CONDOMINIUM ORGANIZATION OF CENTURY VILLAG  
3501 WEST DRIVE  
DEERFIELD BEACH FL 33442-2085**

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	<b>FL</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>DT</b>
NAME	<b>COHEN, SIDNEY H.</b>
STREET ADDRESS	<b>UPMINSTER K-4015</b>
CITY - ST - ZIP	<b>DEERFIELD BCH FL</b>
TITLE	<b>PD</b>
NAME	<b>GRAVITZ, PHILIP</b>
STREET ADDRESS	<b>UPMINSTER K-3029</b>
CITY - ST - ZIP	<b>DEERFIELD BCH FL</b>
TITLE	<b>IV</b>
NAME	<b>HERSHMAN, ELAINE</b>
STREET ADDRESS	<b>UPMINSTER K-4019</b>
CITY - ST - ZIP	<b>DEERFIELD BCH FL</b>
TITLE	<b>2V</b>
NAME	<b>BENNET, JIM</b>
STREET ADDRESS	<b>UPMINSTER K-1021</b>
CITY - ST - ZIP	<b>DEERFIELD BCH FL</b>
TITLE	<b>DS</b>
NAME	<b>MANDELMAN, LILLIAN</b>
STREET ADDRESS	<b>UPMINSTER K-1029</b>
CITY - ST - ZIP	<b>DEERFIELD BEACH FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

*BR511*

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 110.07(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 listed, or on an attachment with an address.

SIGNATURE: *Philip Gravitz* **Philip Gravitz** *3/2/95* **305427-7413**  
Date: \_\_\_\_\_