

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: **07/07/1976**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21) 2a. Mailing Address (26)

4. FEI Number: **59-1941401**  
Applied For:  Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

23 City & State 28 City & State

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

24 Zip Country 25 Country 29 Zip Country 30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  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**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and board applicable (NOTE: Registered Agent signature required when re-appointing)

**12. OFFICERS AND DIRECTORS**

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

TITLE	DT	<input type="checkbox"/> DELETE
NAME	COHEN, SIDNEY H.	
STREET ADDRESS	UPMINSTER K-4015	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GRAVITZ, PHILIP	
STREET ADDRESS	UPMINSTER K-3029	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	1V	<input type="checkbox"/> DELETE
NAME	HERSHMAN, ELAINE	
STREET ADDRESS	UPMINSTER K-4019	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	2V	<input type="checkbox"/> DELETE
NAME	BENNET, JIM	
STREET ADDRESS	UPMINSTER K-1021	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	MANDELMAN, LILLIAN	
STREET ADDRESS	UPMINSTER K-1029	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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\*\*\*15128.75

4/27/96  
CMC

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: *Philip Gravitz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**PHILIP GRAVITZ - PRES.**

1/19/96 427-7413 (954)

CR2E037 (12/95)