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97 APR 28 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 04/27/1996

2. Principal Place of Business: 21 UPMINSTER K 4015 DEERFIELD BEACH FL 33442
2a. Mailing Address: 26 UPMINSTER K 4015 DEERFIELD BEACH FL 33442
22 Suite, Apt. #, etc.
23 City & State: DEERFIELD BEACH FL
24 Zip: 33442 25 Country

4. FEI Number: 59-1941401
Applied For: Not Applicable
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
CONDOMINIUM ORGANIZATION OF CENTURY VILLAG
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

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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	500002159485--3
1.4 CITY-ST-ZIP	-04/29/97--01109--001
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	15190.00
2.4 CITY-ST-ZIP	61.25
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: Elaine Hershman 3/14/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0078968

CR2E037 (9/96)