


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

05-08-2008 90101 001 15,496.25

DOCUMENT # 736312			
1. Entity Name UPMINSTER "K" CONDOMINIUM ASSOCIATION, INC..			
Principal Place of Business CONDO OWNERS ORG. OF CENTURY VILLAGE E 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085		Mailing Address CONDO OWNERS ORG. OF CENTURY VILLAGE E 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1941401		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CONDOMINIUM ORGANIZATION OF CENTURY VILLAG 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		FL	Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
Filing Fee is \$81.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT COHEN, SIDNEY H UPMINSTER K-4015 DEERFIELD BCH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHARLOTTE GOLDSMITH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1015 UPMINSTER K D.B.H 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERSHMAN, ELAINE <input checked="" type="checkbox"/> Delete UPMINSTER K 4019 DEERFIELD BCH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHARLES BLUM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4025 UPMINSTER 'K' D. B H 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PINARD, ALBERT <input type="checkbox"/> Delete 4016 UPMINSTER K DEERFIELD BEACH, FL 33442	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANCES MANDELBAUM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1022 UPMINSTER 'K' D. B H 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHER, SAUL <input checked="" type="checkbox"/> Delete 3027 UPMINSTER K DEERFIELD BEACH, FL 33442	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELAINE HERSHMAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4019 UPMINSTER 'K' D. B H 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MANDELMAN, LILLIAN <input type="checkbox"/> Delete UPMINSTER K-1029 DEERFIELD BEACH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, JAMES <input checked="" type="checkbox"/> Delete 1021 UPMINSTER K DEERFIELD BEACH, FL 33442	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Elaine B. Hershman Charlotte Goldsmith</u> 4/2/08 (954) 234-2832 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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02082008 Chg-NP CR2E037 (12/06)

ELAINE B. HERSHMAN CHARLOTTE GOLDSMITH 4/2/08