

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

04-18-2003 90478 001 14,700.00
FILED 736312

03 APR 25 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 736312

1. Entity Name

UPMINSTER "K" CONDOMINIUM ASSOCIATION, INC..



Principal Place of Business

Mailing Address

2. Principal Place of Business

**CONDOMINIUM OWNERS ORGANIZATION
OF CENTURY VILLAGE E, INC. ■ COOCVE ■**

Suite, Apt. #, etc.

**3501 West Drive
Deerfield Bch., FL 33442-2085**

City & State

City & State

4. FEI Number **59-1941401**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

8. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. 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 | HERSHMAN, ELAINE | |
| STREET ADDRESS | UPMINSTER K 4019 | |
| CITY-ST-ZIP | DEERFIELD BCH FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | PIMARD, ALBERT | |
| STREET ADDRESS | UPMINSTER K 4018 | |
| CITY-ST-ZIP | DEERFIELD BCH FL | |
| TITLE | TV | <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 | D | <input checked="" type="checkbox"/> Delete |
| NAME | DUBROW, BERNARD | |
| STREET ADDRESS | UPMINSTER K 2022 | |
| CITY-ST-ZIP | DEERFIELD BEACH FL | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. I 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 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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (10/02)