

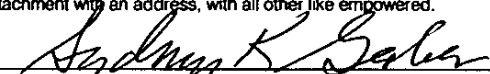


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90236 010 \*\*\*\*61.25

<b>DOCUMENT # 736313</b> 1. Entity Name <b>UPMINSTER "L" CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business 202 UPMINSTER L-193 DEERFIELD BEACH, FL 33442			Mailing Address 202 UPMINSTER L-193 DEERFIELD BEACH, FL 33442		
2. Principal Place of Business <b>202 UPMINSTER</b>		3. Mailing Address <b>202 UPMINSTER</b>		  01052006 Chg-NP CR2E037 (11/05)	
Suite, Apt. #, etc. <b>202</b>		Suite, Apt. #, etc. <b>202</b>			
City & State <b>DEERFIELD BEACH</b>		City & State <b>DEERFIELD BEACH</b>			
Zip <b>33442</b>		Zip <b>33442</b>			
Country <b>FL</b>		Country <b>FL</b>		4. FEI Number <b>59-1906007</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CONDOMINIUM ORGANIZATION OF CENTURY VILLAGE 3501 WEST DRIVE DEERFIELD BCH, FL 33442-2085</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$81.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GERBER, SYDNEY UPMINSTER L-193 DEERFIELD BEACH, FL 33442		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GERBER, SYDNEY 202 UPMINSTER L DEERFIELD BEACH 33442	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GOLDSTEIN, MORRIS 203 UPMINSTER L DEERFIELD BEACH, FL 33442		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GOLDSTEIN MORRIS 202 UPMINSTER L DEERFIELD BEACH 33442	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDSTEIN, SYLVIA 201 UPMINSTER L DEERFIELD BEACH, FL 33442		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T WILLIS, BARBARA 205 UPMINSTER L DEERFIELD BEACH 33442	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARDS, JACOBS UPMINSTER L-202 DEERFIELD BEACH, FL 33442		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change 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: 			1/6/06 954-818-3242		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		