

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 25, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90139 001 15,373.75

|   |                           |  |  |  |  |
|---|---------------------------|--|--|--|--|
| <b>DOCUMENT # 736688</b><br>1. Entity Name<br><b>FARNHAM "N" CONDOMINIUM ASSOCIATION, INC.</b>  |                           |  |  |  |  |
| Principal Place of Business<br><b>CONDO OWNERS ORG OF CENTURY VILLAGE E<br/>3501 WEST DRIVE<br/>DEERFIELD BEACH, FL 33442-2085</b>  |                           |  | Mailing Address<br><b>CONDO OWNERS ORG OF CENTURY VILLAGE E<br/>3501 WEST DRIVE<br/>DEERFIELD BEACH, FL 33442-2085</b> |  |  |
| 2. Principal Place of Business  |                           | 3. Mailing Address   |  |  |  |
| Suite, Apt. #, etc.   |                           | Suite, Apt. #, etc.  |  |  |  |
| City & State  |                           | City & State   |  |  |  |
| Zip   | Country                   | Zip  | Country  | 4. FEI Number<br><b>59-1921670</b>   |  |
|   |                           |  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent   |                           |  |  | 7. Name and Address of New Registered Agent  |  |
| <b>CONDOMINIUM OWNERS ORGANIZATION OF CENTURY VILLAGE EAST INC.<br/>3501 WEST DRIVE<br/>DEERFIELD BEACH, FL 33442-2085</b>  |                           |  |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> <div style="float: right;">DATE _____</div>   |                           |  |  |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2005</b>   |                           | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | Make check payable to<br><b>Florida Department of State</b>  |  |
| 10. OFFICERS AND DIRECTORS  |                           |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |  |  |
| TITLE   | PD                        | <input checked="" type="checkbox"/> Delete   | TITLE  | P  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  | PAVONE, JOHN C            |  | NAME   | Sam Goodman  |  |
| STREET ADDRESS  | 2015 FARNHAM N            |  | STREET ADDRESS   | 3012 FARNHAM N   |  |
| CITY - ST - ZIP   | DEERFIELD BCH, FL 33442   |  | CITY - ST - ZIP  | Deerfield Beach, FL 33442  |  |
| TITLE   | S                         | <input checked="" type="checkbox"/> Delete   | TITLE  | VD   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  | COOPERMAN, IRVING         |  | NAME   | Diane Stimmer  |  |
| STREET ADDRESS  | 2004 FARNHAM N            |  | STREET ADDRESS   | 1014 Farnham N   |  |
| CITY - ST - ZIP   | DEERFIELD BEACH, FL 33442 |  | CITY - ST - ZIP  | Deerfield Beach, FL 33442  |  |
| TITLE   | V                         | <input checked="" type="checkbox"/> Delete   | TITLE  | S  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  | GOODMAN, SAM              |  | NAME   | Nellie MATOVENOVIC   |  |
| STREET ADDRESS  | 3012 FARNHAM N            |  | STREET ADDRESS   | 4003 FARNHAM N   |  |
| CITY - ST - ZIP   | DEERFIELD BEACH, FL 33442 |  | CITY - ST - ZIP  | Deerfield Beach, FL 33442  |  |
| TITLE   | TD                        | <input type="checkbox"/> Delete  | TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  | OKUR, LORETTA             |  | NAME   |  |  |
| STREET ADDRESS  | 2003 FARNHAM N            |  | STREET ADDRESS   |  |  |
| CITY - ST - ZIP   | DEERFIELD BEACH, FL 33442 |  | CITY - ST - ZIP  |  |  |
| TITLE   | D                         | <input type="checkbox"/> Delete  | TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  | WEITZNER, LILLIAN         |  | NAME   |  |  |
| STREET ADDRESS  | 3008 FARNHAM N            |  | STREET ADDRESS   |  |  |
| CITY - ST - ZIP   | DEERFIELD BEACH, FL 33442 |  | CITY - ST - ZIP  |  |  |
| TITLE   | D                         | <input type="checkbox"/> Delete  | TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  | WEINER, ADEL              |  | NAME   |  |  |
| STREET ADDRESS  | 1005 FARNHAM N            |  | STREET ADDRESS   |  |  |
| CITY - ST - ZIP   | DEERFIELD BEACH, FL 33442 |  | 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. |                           |  |  |  |  |
| <b>SIGNATURE:</b> <b>SAM GOODMAN</b> <span style="float: right;">4/4/05 (954) 421-7271</span>   |                           |  |  |  |  |

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