1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 737625**

1. Corporation Name

RICHMOND "A" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business RICHMOND A 104 CENTURY VILLAGE DEERFIELD BEACH FL 33442

2. Principal Place of Business

Mailing Address RICHMOND A 104

CENTURY VILLAGE **DEERFIELD BEACH FL 33442** 

2a. Mailing Address

## Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90163 001 14,638.75

	FILL BARN FERN 8181	

3. Date Incorporated or Qualifed

21	• • • • • • • • • • • • • • • • • • • •	26				12/23/19/6					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		_	4. FEI Number		App	lied For			
2		27			59-1895035		Not	Applicable			
City & State		City & State			5. Certificate of Status Desired		\$8.75 A				
23		28			- Office of Octave Beening		Fee Rec	uired			
Zip	Country	Zip	Žip Country			6. Election Campaign Financing	П .	\$5.00	,		
24	25 29 30			110011 0110				Added to	Fees		
Name and Address of Current Registered Agent				·		10. Name and Address of New F	Registered A	\gent			
	·		81	Name							
CONDOMINIUM OWNERS ORGANIZATION OF CEN.VIL				82 Street Address (P.O. Box Number is Not Acceptable)							
3501 WEST DRIVE											
DEERFIELD BEACH FL 33442-2085			83								
OCEINICED DESIGNATE COME COME			84	City		<u> </u>		85 Zip C	ode		
				•			FL				
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the above	-named o	corpora	tion submits this statement for the	purpose of o	changing its r	egistered		
office or r	egistered agent, or both, in the State of marginary with, and accept the obligation	Florida. Such change was auth	onzed by	tne corpo:	ration's	s board of directors. I hereby acce	pt the appoin	uneni as reg	Stered		
	m jamilia wiai, and accept the obligation								İ		
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Re	gistered Agen	t signature re	equired wh	nen reinstating)	DATE				
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN				
TTLE .	SD	☐ DELETE	1.1 TITLE		D	0 1-		Change	Addition		
NAME	GLAZER, IRENE		1.2 NAME		GRI	AYSON ROLF CHMOND A 401			İ		
STREET ADDRESS			1.3 STREET ADDRESS		RIC	CHMOND H 401					
CTTY-ST-ZIP	DEERFIELD BEACH FL		1.4 CITY-ST	r-ZUP	DEE	FREID BEACH FL.					
TITLE	PD	☐ DELETE	2.1 TITLE					Change	☐ Addition		
NAME	RUCK, MORTON		2.2 NAME						}		
STREET ADDRESS	7101111011P 4 404		2.3 STREET ADDRESS								
CITY-ST-ZIP	OFFICIAL DELOCATE ANALO		2. 4 CITY-ST-ZIP								
TITLE	D	☐ DELETE	3.1 TITLE					Change	☐ Addition		
NAME	SINGER, RUTH		3.2 NAME						ļ		
STREET ADDRESS	RICHMOND A 407		3.3 STREET	ADDRESS							
CITY-ST-ZIP	DEERFIELD BEACH FL		3.4. CITY-S	T-ZIP							
TITLE	VD	☐ DELETE	4.1 TITLE	1		·		Change	☐ Addition		
NAME	SMITH, CAROL A		4. 2 NAME								
STREET ADDRESS	RICHMOND A 304		4.3 STREET	ADDRESS							
CITY-ST-ZIP	DEERFIELD BEACH FL		4.4 CITY-S	r-ZIP							
TITLE	DT	☐ DELETE	5.1 TITLE					Change	Addition		
NAME	FERTIG. ETHEL		5.2 NAME								
STREET ADDRESS	RICHMOND A 410		5.3 STREET	ADDRESS							
CITY-ST-ZIP	DEERFIELD BEACH FL		5.4 CITY-S	r-zip		•					
TITLE	D	☐ DELETE	6.1 TITLE	1				Change	Addition .		
NAME	STEINBERG, MOLLIE		6.2 NAME								
STREET ADDRESS	RICHMOND A 111		6.3 STREET	ADDRESS							
CITY-ST-ZIP	DEERFIELD BEACH FL		6.4 CITY-S	r-ZiP		•					
011 113 114F			-								

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 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, with all other like empowered.