

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 12:09

DOCUMENT # **737627** (0)

1. Corporation Name
RICHMOND "F" CONDOMINIUM ASSOCIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
100001474771
-05/04/95--01001--001
32760.00 *130.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
344 RICHMOND "F" DEERFIELD BEACH FL 33442 **344 RICHMOND "F" DEERFIELD BEACH FL 33442**

3. Date Incorporated or Qualified **12/23/1976** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-1940145** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 26
Sute, Apt. #, etc Sute, Apt. #, etc
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under § 190.035, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**CONDOMINIUM OWNERS ORGANIZATION CENTURY
3501 WEST DRIVE
DEERFIELD BEACH FL 33442-2085**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(Signature based on printed name of registered agent and the applicable (NOTE: Registered Agent signature required when necessary))

12. OFFICERS AND DIRECTORS **7 in all**

TITLE	PD
NAME	ABRAMS, ISADORE
STREET ADDRESS	RICHMOND F 144
CITY ST ZIP	DEERFIELD BEACH, FL0
TITLE	VD
NAME	BEIGE, BEN
STREET ADDRESS	RICHMOND F 146
CITY ST ZIP	DEERFIELD BEACH FL
TITLE	SD
NAME	PENKA, CHARLOTTE
STREET ADDRESS	RICHMOND F 353
CITY ST ZIP	DEERFIELD BEACH, FLO
TITLE	VD
NAME	BECKER, LUCILLE
STREET ADDRESS	RICHMOND F 443
CITY ST ZIP	DEERFIELD BEACH, FLO
TITLE	TD
NAME	PEVZNER, MORTON
STREET ADDRESS	RICHMOND F 344
CITY ST ZIP	DEERFIELD BEACH, FLO
TITLE	D
NAME	BROOKS, BEN
STREET ADDRESS	RICHMOND F. 147
CITY ST ZIP	DEERFIELD BEACH, FLO

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	D BERNSTEIN, GEORGE
23 STREET ADDRESS	453 Richmond F
24 CITY ST ZIP	Deerfield Beach, FL
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	S/D CORN, SELMA
33 STREET ADDRESS	252 Richmond F
34 CITY ST ZIP	Deerfield Beach, FL
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	D RABINOWITZ, DAVID
43 STREET ADDRESS	346 Richmond F
44 CITY ST ZIP	Deerfield Beach, FL
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	V/D
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 817, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Morton N. Pevzner* 11/12/95 305-481-2357
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Herein