

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Apr 27, 1996 08:00 AM
Secretary of State

DOCUMENT # **737627** (0)

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



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

3. Date Incorporated or Qualified: **12/23/1976**
3a. Date of Last Report: **05/01/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1940145	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	Zip	28	Zip		Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24		30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CONDOMINIUM OWNERS ORGANIZATION CENTURY 3501 WEST DRIVE DEERFIELD BEACH FL 33442-2085				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRAMS, ISADORE		1.2 NAME				
STREET ADDRESS	RICHMOND F 144		1.3 STREET ADDRESS				
CITY-ST-ZIP	DEERFIELD BEACH, FLO		1.4 CITY-ST-ZIP				
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERNSTEIN, GEORGE		2.2 NAME	Bernstein, Eleanor			
STREET ADDRESS	453 RICHMOND F (DECEASED)		2.3 STREET ADDRESS	453 Richmond F, Deerfield Beach			
CITY-ST-ZIP	DEERFIELD BEACH FL		2.4 CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORN, SELMA		3.2 NAME				
STREET ADDRESS	252 RICHMOND F		3.3 STREET ADDRESS				
CITY-ST-ZIP	DEERFIELD BEACH FL		3.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RABINOWITZ, DAVID		4.2 NAME				
STREET ADDRESS	346 RICHMOND F		4.3 STREET ADDRESS	400001797624			
CITY-ST-ZIP	DEERFIELD BEACH FL		4.4 CITY-ST-ZIP	-04/29/96--01024--001			
TITLE	TD	<input type="checkbox"/> DELETE	5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEVZNER, MORTON		5.2 NAME				
STREET ADDRESS	RICHMOND F 344		5.3 STREET ADDRESS				
CITY-ST-ZIP	DEERFIELD BEACH, FLO		5.4 CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> DELETE	6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, BEN		6.2 NAME				
STREET ADDRESS	RICHMOND F. 147		6.3 STREET ADDRESS				
CITY-ST-ZIP	DEERFIELD BEACH, FLO		6.4 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 119.07(3)(k), 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.

SIGNATURE: *M. Pevzner* Treasurer Date: **Jan. 17/96** Telephone: **954-481-2357**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)

*4-27-96
J12*