

**FILE NOW: FILING FEE IS \$61.25**

**APPROVED  
AND  
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**97 APR 29 PM 1:01**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 737627 (0)**  
1. Corporation Name  
**RICHMOND "F" CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business <b>344 RICHMOND "F" DEERFIELD BEACH FL 33442</b>	Mailing Address <b>344 RICHMOND "F" DEERFIELD BEACH FL 33442-2912</b>
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3. Date Incorporated or Qualified <b>12/23/1976</b>	3a. Date of Last Report <b>04/27/1996</b>
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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4. FEI Number <b>59-1940145</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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  
85. Zip Code **FL**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ABRAMS, ISADORE</b>	1.2 NAME	<b>PENKA, CHARLOTTE</b>
STREET ADDRESS	<b>RICHMOND F 144</b>	1.3 STREET ADDRESS	<b>358 RICHMOND F</b>
CITY-ST-ZIP	<b>DEERFIELD BEACH, FLO</b>	1.4 CITY-ST-ZIP	<b>DEERFIELD BEACH, FL</b>
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<b>70002159187-3</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERNSTEIN, ELEANOR</b>	2.2 NAME	<b>-04/29/97--01109--001</b>
STREET ADDRESS	<b>453 RICHMOND F</b>	2.3 STREET ADDRESS	<b>**15190.00 *****61.25</b>
CITY-ST-ZIP	<b>DEERFIELD BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CORN, SELMA</b>	3.2 NAME	
STREET ADDRESS	<b>252 RICHMOND F</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RABINOWITZ, DAVID</b>	4.2 NAME	<b>COHEN, ISABEL</b>
STREET ADDRESS	<b>346 RICHMOND F</b>	4.3 STREET ADDRESS	<b>399 RICHMOND F</b>
CITY-ST-ZIP	<b>DEERFIELD BEACH FL</b>	4.4 CITY-ST-ZIP	<b>DEERFIELD BEACH, FL</b>
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PEVZNER, MORTON N.</b>	5.2 NAME	
STREET ADDRESS	<b>RICHMOND F 344</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DEERFIELD BEACH, FLO</b>	5.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<b>09/24/29</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROOKS, BEN</b>	6.2 NAME	
STREET ADDRESS	<b>RICHMOND F. 147</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DEERFIELD BEACH, FLO</b>	6.4 CITY-ST-ZIP	

14. I do 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, changed, or as an attachment with an address.

SIGNATURE: *Morton N. Pevzner* **MORTON N. PEVZNER** *Jan. 6/97* **954-481-2357**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0042655

CR2E037 (9/96)