

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90163 001 14,638.75

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**NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 737627**

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**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/23/1976	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1940145	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CONDOMINIUM OWNERS ORGANIZATION CENTURY</b> <b>3501 WEST DRIVE</b> <b>DEERFIELD BEACH FL 33442-2085</b>				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 \_\_\_\_\_ 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	<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 type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNSTEIN, ELEANOR	2.2 NAME	
STREET ADDRESS	453 RICHMOND F	2.3 STREET ADDRESS	
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	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENKA, CHARLOTTE	4.2 NAME	
STREET ADDRESS	353 RICHMOND F	4.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	4.4 CITY-ST-ZIP	
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 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.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED **JAN 05 1999** 954-481-2357  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)