

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737627

1. Entity Name

RICHMOND 'F' CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Jul 12, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90324 001 15,006.25

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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>59-1940145</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CONDOMINIUM OWNERS ORGANIZATION CENTURY  
 3501 WEST DRIVE  
 DEERFIELD BEACH FL 33442-2085**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

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

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ABRAMS, ISADORE	
STREET ADDRESS	RICHMOND F 144	
CITY-ST-ZIP	DEERFIELD BEACH, FLO	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BERNSTEIN, ELEANOR	
STREET ADDRESS	453 RICHMOND F	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CORN, SELMA	
STREET ADDRESS	252 RICHMOND F	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	PENKA, CHARLOTTE	
STREET ADDRESS	353 RICHMOND F	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PEVZNER, MORTON	
STREET ADDRESS	RICHMOND F 344	
CITY-ST-ZIP	DEERFIELD BEACH, FLO	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BROOKS, BEN	
STREET ADDRESS	RICHMOND F. 147	
CITY-ST-ZIP	DEERFIELD BEACH, FLO	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cohen, Saul	
STREET ADDRESS	349 Richmond F	
CITY-ST-ZIP	Deerfield Beach, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cohen, Isabel	
STREET ADDRESS	349 Richmond F	
CITY-ST-ZIP	Deerfield Beach, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with another like empowered.

SIGNATURE: Morton M. Pevzner TREASURER Date: Jan. 6/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CH2ED07 (9/99)