

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

04-14-2001 90045 001 15,067.50

**DOCUMENT # 737627**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1940145**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**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**

**(7 DIRECTORS)**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D COHEN, SAUL RICHMOND F 349 DEERFIELD BEACH FL 33442</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD BERNSTEIN, ELEANOR 453 RICHMOND F DEERFIELD BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD CORN, SELMA 252 RICHMOND F DEERFIELD BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD COHEN, ISABEL 349 RICHMOND F 349 DEERFIELD BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD PEVZNER, MORTON RICHMOND F 344 DEERFIELD BEACH FL 33442</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD BROOKS, BEN RICHMOND F. 147 DEERFIELD BEACH FL 33442</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD SAUL COHEN, ISABEL (221) 349 RICHMOND F DEERFIELD BEACH, FL 33442</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD COHEN, ISABEL 349 RICHMOND F DEERFIELD BEACH, FL 33442</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD ABRAMS, IZZY 144 RICHMOND F DEERFIELD BEACH, FL 33442</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WOLKOV GEORGE 454 RICHMOND F DEERFIELD BEACH, FL 33442</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 all other like empowered.

**SIGNATURE:** *Morton H. Pevzner* **MORTON H. PEVZNER,  
 PRESIDENT** **1/5/01** **954-481-2357**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/00)