
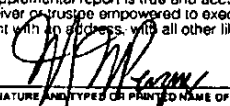


FILED
May 25, 2005 8:00 am
Secretary of State

05-05-2005 90139 001 15,373.75

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 737627			
1. Entity Name RICHMOND "F" CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business CONDO OWNERS ORG. OF CENTURY VILLAGE E 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085		Mailing Address CONDO OWNERS ORG. OF CENTURY VILLAGE E 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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. I am familiar with, and accept the obligations of, registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE	VD	<input type="checkbox"/> Delete	
NAME	COHEN, SAUL		
STREET ADDRESS	RICHMOND F 349		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		
TITLE	D	<input type="checkbox"/> Delete	
NAME	BERNSTEIN, ELEANOR		
STREET ADDRESS	453 RICHMOND F		
CITY-ST-ZIP	DEERFIELD BEACH, FL		
TITLE	D	<input type="checkbox"/> Delete	
NAME	BEHR, SHELDON		
STREET ADDRESS	255 RICHMOND F		
CITY-ST-ZIP	DEERFIELD BEACH, FL		
TITLE	PD	<input type="checkbox"/> Delete	
NAME	COHEN, ISABEL		
STREET ADDRESS	349 RICHMOND F		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		
TITLE	TD	<input type="checkbox"/> Delete	
NAME	PEVZNER, MORTON		
STREET ADDRESS	RICHMOND F 344		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		
TITLE	D	<input type="checkbox"/> Delete	
NAME	WOLKOVE, GEORGE		
STREET ADDRESS	454 RICHMOND F		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		
			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
			D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME KELLY, GEORGE STREET ADDRESS 450 RICHMOND F CITY-ST-ZIP DEERFIELD BEACH, FL
			<input 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
			<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP → GEORGE (CORRECTION) WOLKOFF
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 PEVZNER, TREASURER 1/6/05 954-481-2357 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	

66019157



01052005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-1940145 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

FL