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95 MAY - 1 PM 5:27

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 737631 (2)

1. Corporation Name

FARNHAM "Q" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

FARNHAM "Q" #343 CVE
DEERFIELD BEACH FL 33442 -2984

FARNHAM "Q" #343 CVE
DEERFIELD BEACH FL 33442-2984

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

12/23/1976

05/01/1994

4. FEI Number

Applied For

59-1921801

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONDOMINIUM OWNERS ORGANIZATION OF CENTURY VILLAGE E., INC.
3501 WEST DRIVE
DEERFIELD BEACH FL 33442-2085

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NELSON, WILLIAM W.	12 NAME	
STREET ADDRESS	FARNHAM "Q" #343	13 STREET ADDRESS	100001474621
CITY, ST, ZIP	DEERFIELD BEACH FL 33442-2984	14 CITY, ST, ZIP	-05/04/95--01001--001
TITLE	VD	21 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEGAL, SOLOMON	22 NAME	
STREET ADDRESS	FARNHAM Q 349	23 STREET ADDRESS	
CITY, ST, ZIP	DEERFIELD BEACH FL	24 CITY, ST, ZIP	
TITLE	SD	31 TITLE	S D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVISS, DORY	32 NAME	CANSA, RUTH B.
STREET ADDRESS	FARNHAM Q347	33 STREET ADDRESS	FARNHAM "Q" 352
CITY, ST, ZIP	DEERFIELD BEACH FL	34 CITY, ST, ZIP	DEERFIELD BEACH, FL. 33442
TITLE	VD	41 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFANO, TERESA	42 NAME	
STREET ADDRESS	FARNHAM "Q" #355	43 STREET ADDRESS	
CITY, ST, ZIP	DEERFIELD BEACH FL	44 CITY, ST, ZIP	
TITLE	CD	51 TITLE	V D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEBROE, LARRY S	52 NAME	
STREET ADDRESS	FARNHAM "Q" #344	53 STREET ADDRESS	
CITY, ST, ZIP	DEERFIELD BEACH FL	54 CITY, ST, ZIP	
TITLE	TD	61 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRIEGER, MIRIAM	62 NAME	EILEEN POLLACK
STREET ADDRESS	FARNHAM "Q" #360	63 STREET ADDRESS	FARNHAM "Q" 351
CITY, ST, ZIP	DEERFIELD BEACH FL	64 CITY, ST, ZIP	DEERFIELD BEACH, FL. 33442

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE:

William W. Nelson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18/95

305-427-4045