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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 737631 (2)  
1. Corporation Name  
FARNHAM "O" CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address  
FARNHAM "O" #343 CVE DEERFIELD BEACH FL 33442-2984 FARNHAM "O" #343 CVE DEERFIELD BEACH FL 33442

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		12/23/1976		04/27/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		59-1921801		Not Applicable	
24 Zip		29 Country		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
25		30		<input type="checkbox"/>		<input type="checkbox"/>	
26		31		6. Election Campaign Financing		\$5.00 May Be Added to Fees	
27		32		Trust Fund Contribution		<input type="checkbox"/>	
28		33		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
CONDOMINIUM OWNERS ORGANIZATION OF CENTURY VILLAGE E, INC.  
3501 WEST DRIVE  
DEERFIELD BEACH FL 33442-2085

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 500002159415--0  
-04/29/97--01109--001  
84 City  
15190.00 FL 61.25

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, WILLIAM W.	1.2 NAME	LARRY S. SHEBROE
STREET ADDRESS	FARNHAM "O" #343	1.3 STREET ADDRESS	344 FARNHAM Q
CITY-ST-ZIP	DEERFIELD BEACH FL 33442-2984	1.4 CITY-ST-ZIP	DEERFIELD BEACH, FL. 33442
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEGAL, SOLOMON	2.2 NAME	WILLIAM W. NELSON
STREET ADDRESS	FARNHAM Q 349	2.3 STREET ADDRESS	343 FARNHAM Q
CITY-ST-ZIP	DEERFIELD BEACH FL	2.4 CITY-ST-ZIP	DEERFIELD BEACH, FL. 33442
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SECTY - DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANOSA, RUTH B	3.2 NAME	ROCHELLE M. SHEBROE
STREET ADDRESS	FARNHAM "O" 352	3.3 STREET ADDRESS	344 FARNHAM Q
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	3.4 CITY-ST-ZIP	DEERFIELD BEACH, FL. 33442
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TREASURER - DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFANO, TERESA	4.2 NAME	GLORIA COGAN
STREET ADDRESS	FARNHAM "O" #355	4.3 STREET ADDRESS	340 FARNHAM Q
CITY-ST-ZIP	DEERFIELD BEACH FL	4.4 CITY-ST-ZIP	DEERFIELD BEACH, FL. 33442
TITLE	VD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	VICE PRESIDENT - DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEBROE, LARRY S	5.2 NAME	MIRIAM KREIGER
STREET ADDRESS	FARNHAM "O" #344	5.3 STREET ADDRESS	360 FARNHAM Q
CITY-ST-ZIP	DEERFIELD BEACH FL	5.4 CITY-ST-ZIP	DEERFIELD BEACH, FL. 33442
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLLACK, EILEEN	6.2 NAME	VITO WM. LATTANZIO
STREET ADDRESS	FARNHAM "O" 351	6.3 STREET ADDRESS	358 FARNHAM Q
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	6.4 CITY-ST-ZIP	DEERFIELD BEACH, FL. 33442

14. I do 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.

SIGNATURE Larry S. Shebroe REQUIRED S. SHEBROE 1/21/97 (954) 428 0537  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0076987

CR2E037 (9/96)