

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

04 MAY 10 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

66413079

DOCUMENT # **737631**
 1. Entity Name **Farnham Q Condominium** *asked*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **Farnham Q 344**
 Suite, Apt. #, etc.
 3. Mailing Address **Farnham**
 Suite, Apt. #, etc. **Q 344**
 City & State **DEERFIELD Bch FL**
 City **DEERFIELD Bch**
 Zip **33442**
 Country

4. FEI Number **591921801**
 Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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7. Name and Address of Current Registered Agent
 Name **Condominium Owners Organization Century Village East**
 Street Address (P.O. Box Number is Not Acceptable)
3501 WEST DRIVE
 City **DEERFIELD BEACH** FL Zip Code **33442-2085**

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 reinstating) DATE _____

FEE IS \$61.25
 Initial or Amended UBR

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

Make Check Payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | | | |
|-------------------------------------|--|----------------|-------------|
| TITLE PD | NAME SHEBROE LARRY | TITLE | NAME |
| STREET ADDRESS 344 FARNHAM Q | CITY-ST-ZIP DEERFIELD Bch FL 33442 | STREET ADDRESS | CITY-ST-ZIP |
| TITLE VADKRI | NAME EDGE, MIRIAM | TITLE | NAME |
| STREET ADDRESS 360 FARNHAM Q | CITY-ST-ZIP DEERFIELD Bch, FL 33442 | STREET ADDRESS | CITY-ST-ZIP |
| TITLE TO | NAME COGAN GLORIA | TITLE | NAME |
| STREET ADDRESS 340 FARNHAM Q | CITY-ST-ZIP DEERFIELD Bch, FL 33442 | STREET ADDRESS | CITY-ST-ZIP |
| TITLE D | NAME GRACE GENTILE | TITLE | NAME |
| STREET ADDRESS 337 FARNHAM Q | CITY-ST-ZIP DEERFIELD Bch, FL 33442 | STREET ADDRESS | CITY-ST-ZIP |
| TITLE D | NAME ALENO TERRY | TITLE | NAME |
| STREET ADDRESS 355 FARNHAM Q | CITY-ST-ZIP DEERFIELD Bch, FL 33442 | STREET ADDRESS | CITY-ST-ZIP |
| TITLE | NAME | TITLE | NAME |
| STREET ADDRESS | CITY-ST-ZIP | STREET ADDRESS | CITY-ST-ZIP |

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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 on an attachment with an address, with all other like empowered.

SIGNATURE **Larry A Shebroe LARRY SHEBROE** *4/1/04* **428-0537**

CR2E037B (12/02)