


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 22, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90101 001 15,496.25

DOCUMENT # 737631			
1. Entity Name FARNHAM "Q" CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business COOCUE 3501 WEST DRIVE DEERFIELD BEACH, FL 33442 US		Mailing Address COOCUE 3501 WEST DRIVE DEERFIELD BEACH, FL 33442 US	
2. Principal Place of Business - No P.O. Box #		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 CONDOMINIUM OWNERS ORGANIZATION OF CENTURY VILLAGE E., INC. 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085		7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		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	PD	<input checked="" type="checkbox"/> Delete	
NAME	SHEBROE, LARRY		
STREET ADDRESS	344 FARNHAM Q		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		
TITLE	D	<input type="checkbox"/> Delete	
NAME	WOLMUTH, ANITA		
STREET ADDRESS	345 FARNHAM Q		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		
TITLE	TD	<input checked="" type="checkbox"/> Delete	
NAME	COGAN, GLORIA		
STREET ADDRESS	340 FARNHAM Q		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		
TITLE	VPS	<input type="checkbox"/> Delete	
NAME	GENTILE, GRACE		
STREET ADDRESS	337 FARNHAM Q		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		
TITLE	D	<input type="checkbox"/> Delete	
NAME	SCHWARTZ, FRAN		
STREET ADDRESS	343 FARNHAM Q		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GLORIA COGAN		
STREET ADDRESS	340 FARNHAM Q		
CITY-ST-ZIP	D.B.H 33442		
TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Bill Bellingier		
STREET ADDRESS	410 Powerline Rd		
CITY-ST-ZIP	D.B.H 33442		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DORIS TRAWER		
STREET ADDRESS	348 FARNHAM Q		
CITY-ST-ZIP	D.B.H 33442		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Gloria Cogan</u>		GLORIA COGAN 4/2/08 (954) 427-9011	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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4. FEI Number 59-1921801 Applied For Not Applicable

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