

2002 UNIFORM BUSINESS REPORT (UBR)

0036028

DOCUMENT # 737632

1. Entity Name

FARNHAM "O" CONDOMINIUM ASSOCIATION, INC. ✓

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 APR -3 AM 9:41

Principal Place of Business Mailing Address
FARNHAM "O" FARNHAM "O"
3024 3024
DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
FARNHAM "O" FARNHAM "O"

Suite, Apt. #, etc. Suite, Apt. #, etc.
2022 2022

City & State City & State
DEERFIELD BEACH FL. DEERFIELD BEACH, FL

4. FEI Number 59-1921751 Applied For Not Applicable

Zip Country Zip Country
33442 BROWARD 33442 BROWARD

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City 33000525 FL 333--4 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. \$15067.50 \$61.25

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MORGAN, BERT	
STREET ADDRESS	1021 FARNHAM O	
CITY-ST-ZIP	DEERFIELD BEACH FL.	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUCA, CARMELA	
STREET ADDRESS	3030 FARNHAM O	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CUTLER, EDWARD	
STREET ADDRESS	4025 FARNHAM D	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	T	<input type="checkbox"/> Delete
NAME	CHANDLER, PHYLLIS	
STREET ADDRESS	3024 FARNHAM O	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	LANDESMAN, ROY	
STREET ADDRESS	2022 FARNHAM O	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	PELLIGRINO, EMANEUL	
STREET ADDRESS	4034 FARNHAM O	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUTLER, EDWARD	
STREET ADDRESS	4025 FARNHAM-O	
CITY-ST-ZIP	DEERFIELD BEACH, FL. 33442	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PELLEGRINO EMMAUEL	
STREET ADDRESS	4034 FARNHAM-O	
CITY-ST-ZIP	DEERFIELD BEACH, FL. 33442	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AFFRIME, BERNARD	
STREET ADDRESS	2029 FARNHAM-O	
CITY-ST-ZIP	DEERFIELD BEACH, FL. 33442	
TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLUCKMAN, MELVIN	
STREET ADDRESS	3025 FARNHAM-O	
CITY-ST-ZIP	DEERFIELD BEACH, FL. 33442	

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: Melvin Gluckman SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 12-9-02 Daytime Phone # 954.481.5951

CR2E037 (9/01)