

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 740423 (9)

1. Corporation Name

TILFORD "E" CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: TILFORD E 103 CENTURY VILLAGE EAST DEERFIELD BEACH FL 33442
Mailing Address: TILFORD E 103 CENTURY VILLAGE EAST DEERFIELD BEACH FL 33442

3. Date Incorporated or Qualified: 10/14/1977
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business: 21
2a. Mailing Address: 26

4. FEI Number: 59-1899539
Applied For: Not Applicable

Suite, Apt. #, etc.: 22
Suite, Apt. #, etc.: 27

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

City & State: 23
City & State: 28

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

Zip: 24
Country: 25
Zip: 29
Country: 30

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 EAST
3501 WEST DRIVE
DEERFIELD BEACH FL 33442-2085

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEVINE, EVELYN	
STREET ADDRESS	TILFORD E 103	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHWARTZ, SOL	
STREET ADDRESS	TILFORD E 94	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	SCHWARTZ, SYLVIA	
STREET ADDRESS	TILFORD E 94	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WEINER, RUTH	
STREET ADDRESS	TILFORD E 102	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	500001797645
4.4 CITY-ST-ZIP	-04/29/96--01024--001 ***15128.75
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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)(k), 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: EVELYN LEVINE, PRES.
Evelyn Levine

Feb. 2, 1996

(954)
421-3519

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)