

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

04-14-2001 90045 001 15,067.50

DOCUMENT # 740431

1. Entity Name

TILFORD "M" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**TILFORD M 258
 DEERFIELD BEACH FL 33442**

**TILFORD M 258
 DEERFIELD BEACH FL 33442**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1921346

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**CONDOMINIUM OWNERS ORGANIZATION OF CENTURY
 VILLAGE EAST INC.
 3501 WEST DRIVE
 DEERFIELD BEACH FL 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.

SIGNATURE

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

(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 type="checkbox"/> Delete
NAME	AGMUND, JANET	
STREET ADDRESS	258 TILFORD M	
CITY-ST-ZIP	DEERFIELD BCH FL 33442	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MANELLA, BEATRICE	
STREET ADDRESS	266 TILFORD M	
CITY-ST-ZIP	DEERFIELD BCH. FL 33441	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ELLIS, SYLVIA	
STREET ADDRESS	271 TILFORD M	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	AURELIA, MIRTO	
STREET ADDRESS	275 TILFORD M	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D/VP	<input type="checkbox"/> Delete
NAME	ALOISI, ROSE	
STREET ADDRESS	264 TILFORD M	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SIDRIN, ROZ	
STREET ADDRESS	257 TILFORD M	
CITY-ST-ZIP	DEERFIELD BCH FL 33442	

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARGE GRAF	
STREET ADDRESS	263 TILFORD M	
CITY-ST-ZIP	DEERFIELD BCH FL 33442	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AURELIA, MIRTO	
STREET ADDRESS	275 TILFORD M	
CITY-ST-ZIP	DEERFIELD BCH FL 33442	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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: **JANET AGMUND**

Date

Daytime Phone #

1/5/01

954-4280711

CR2E037 (10/00)