

**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 # 740816 (4)  
1. Corporation Name  
TILFORD "S" CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address  
BASIL HALES 407 TILFORD S DEERFIELD BEACH FL 33442  
BASIL HALES 407 TILFORD S DEERFIELD BEACH FL 33442

3. Date Incorporated or Qualified 11/18/1977  
3a. Date of Last Report 05/01/1995  
4. FEI Number 59-1981018 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent  
CONDOMINIUM OWNERS ORGNIZATION CENTURY VILLAGE E, INC.  
3501 WEST DRIVE  
DEERFIELD BEACH FL 33442-2085

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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 Basil Hales Basil Hales Pres. 2/9/96  
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	SD	<input type="checkbox"/>
NAME	KEILER, PEARL	
STREET ADDRESS	TILFORD S 412	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	D	<input type="checkbox"/>
NAME	TILLMAN, MANNY	
STREET ADDRESS	TILFORD S412	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	V	<input type="checkbox"/>
NAME	GOODFINGER, D	
STREET ADDRESS	TILFORD S 398	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	D	<input type="checkbox"/>
NAME	ZEITZOFF, MAE	
STREET ADDRESS	TILFORD S 393	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	D P	<input type="checkbox"/>
NAME	HALES, BASIL	
STREET ADDRESS	TILFORD S 407	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	P/D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	HALES, BASIL		
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: Basil Hales Basil Hales Pres. 2/9/96 (954)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 426-3263

CR2E037 (12/95)