

FILE NOW: FILING FEE IS \$61.25

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 740816 (4)
1. Corporation Name
TILFORD "S" CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business BASIL HALES 407 TILFORD S DEERFIELD BEACH FL 33442	Mailing Address BASIL HALES 407 TILFORD S DEERFIELD BEACH FL 33442-2008
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3. Date Incorporated or Qualified 11/18/1977	3a. Date of Last Report 04/27/1996
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-1981018	Applied For <input type="checkbox"/>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KEILER, PEARL		1.2 NAME	
STREET ADDRESS TILFORD S 412		1.3 STREET ADDRESS	
CITY - ST - ZIP DEERFIELD BEACH FL		1.4 CITY - ST - ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TILLMAN, MANNY		2.2 NAME	
STREET ADDRESS TILFORD S412		2.3 STREET ADDRESS	
CITY - ST - ZIP DEERFIELD BEACH FL		2.4 CITY - ST - ZIP	
TITLE V	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GOODFINGER, D		3.2 NAME	
STREET ADDRESS TILFORD S 398		3.3 STREET ADDRESS	
CITY - ST - ZIP DEERFIELD BEACH FL		3.4 CITY - ST - ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ZEITZOFF, MAE		4.2 NAME	
STREET ADDRESS TILFORD S 393		4.3 STREET ADDRESS	
CITY - ST - ZIP DEERFIELD BEACH FL		4.4 CITY - ST - ZIP	
TITLE DP	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HALES, BASIL		5.2 NAME	
STREET ADDRESS TILFORD S 407		5.3 STREET ADDRESS	
CITY - ST - ZIP DEERFIELD BEACH FL		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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14. I do 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 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* **REQUIRED** *0/12/97* *954-426-3263*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0043007

CR2E037 (9/96)