

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 740822 (2)**

1. Corporation Name  
**VENTNOR "A" CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>VENTNOR P-4072                  DEERFIELD BEACH FL 33442</b>	Mailing Address <b>ROSELLA BALLIN                  A-08 VENTNOR                  DEERFIELD BEACH FL 33442</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	<b>11/18/1977</b>	<b>05/01/1995</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	<b>59-1922114</b>	Not Applicable
City & State	City & State	5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
23	28	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Zip	Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
24	25	29	30
Country	Country	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 <b>CONDOMINIUM ORGANIZATION OF CENTURY VILLAGE EAST, INC.                  3501 WEST DRIVE                  DEERFIELD BEACH FL 33442-2085</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP
NAME	BALLIN, ROSELLA	1.2 NAME	MARTIN STRANSKY
STREET ADDRESS	A-08 VENTNOR	1.3 STREET ADDRESS	A-09 VENTNOR
CITY-ST-ZIP	DEERFIELD BEACH FL	1.4 CITY-ST-ZIP	DEERFIELD BCH, FL
TITLE	DV	2.1 TITLE	
NAME	ROWLAND, SELMA	2.2 NAME	
STREET ADDRESS	A-02 VENTNOR	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	BRONSTEIN, ROSE	3.2 NAME	
STREET ADDRESS	F-190 GRANTHAM	3.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	3.4 CITY-ST-ZIP	
TITLE	DV	4.1 TITLE	
NAME	ALTSCHULER, FAY	4.2 NAME	
STREET ADDRESS	A-19 VENTNOR	4.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	TREASURER
NAME	HOLZMAN, DOROTHY	5.2 NAME	ROSELLA BALLIN
STREET ADDRESS	A05 VENTNOR	5.3 STREET ADDRESS	A-08 VENTNOR
CITY-ST-ZIP	DEERFIELD BCH, FL 0	5.4 CITY-ST-ZIP	DEERFIELD BCH, FL
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Martin Stransky DATE: 1/24/96 DAYTIME PHONE #: 954 422-5854  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
MARTIN STRANSKY - PRES

CR2E037 (12/95)