


FILE NOW: FILING FEE IS \$61.25

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Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 C/O ROSELLA BALLIN VENTNOR A 8 DEERFIELD BEACH FL 33442	Mailing Address C/O ROSELLA BALLIN VENTNOR A 8 DEERFIELD BEACH FL 33442
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3. Date Incorporated or Qualified 11/18/1977	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
4. FEI Number 59-1922114		
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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

9. Name and Address of Current Registered Agent
**CONDOMINIUM ORGANIZATION OF CENTURY VILLAGE EAST, 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	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RABEN, EVELYN	1.2 NAME	ALTSCHULER, FAY
STREET ADDRESS	VENTNOR A 7	1.3 STREET ADDRESS	VENTNOR A 19
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	1.4 CITY-ST-ZIP	DEERFIELD BEACH, FL. 33442
TITLE	DV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROWLAND, SELMA	2.2 NAME	KANOFSKY, BERTHA
STREET ADDRESS	A-02 VENTNOR	2.3 STREET ADDRESS	VENTNOR A 6
CITY-ST-ZIP	DEERFIELD BEACH FL	2.4 CITY-ST-ZIP	DEERFIELD BEACH, FL. 33442
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BALLIN, ROSELLA	3.2 NAME	MURPHY, JOSEPH
STREET ADDRESS	A-08 VENTNOR	3.3 STREET ADDRESS	VENTNOR A 16
CITY-ST-ZIP	DEERFIELD BCH, FL 0	3.4 CITY-ST-ZIP	DEERFIELD BEACH, FL. 33442
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	5 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	HOLZMAN, DOROTHY
STREET ADDRESS		4.3 STREET ADDRESS	VENTNOR A 5
CITY-ST-ZIP		4.4 CITY-ST-ZIP	DEERFIELD BEACH, FL. 33442
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	DELLINGER, BILL
STREET ADDRESS		5.3 STREET ADDRESS	410 S. POWERLINE ROAD
CITY-ST-ZIP		5.4 CITY-ST-ZIP	DEERFIELD BEACH, FL. 33442
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	500002474504 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	-04/01/98--01022--010
STREET ADDRESS		6.3 STREET ADDRESS	***15006.25
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: *[Handwritten Signature]* DATE: **11/2/98 (001)479-7013**

CR2E037 (10/97)