

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90163 001 14,638.75

NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 740822

1. Corporation Name

VENTNOR "A" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

C/O FAY ALTSCHULER
 VENTNOR A #19
 DEERFIELD BEACH FL 33442

Mailing Address

ROSELLA BALLIA
 C/O FAY ALTSCHULER
 VENTNOR A #19
 DEERFIELD BEACH FL 33442



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

11/18/1977

4. FEI Number

59-1922114

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD DELETE
 NAME ALTSCHULER, FAY
 STREET ADDRESS VENTNOR A 19
 CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE VD DELETE
 NAME KANOFSKY, BERTHA
 STREET ADDRESS VENTOR A 6
 CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE D DELETE
 NAME MURPHY, JOSEPH
 STREET ADDRESS VENTOR A 16
 CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE S DELETE
 NAME HOLZMAN, DOROTHY
 STREET ADDRESS VENTOR A 5
 CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE T DELETE
 NAME DELLINGER, BILL
 STREET ADDRESS 410 S. POWERLINE ROAD
 CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD Change Addition
 1.2 NAME BALLIN, ROSELLA
 1.3 STREET ADDRESS VENTNOR A 8
 1.4 CITY-ST-ZIP DEERFIELD BEACH, FL 33442

2.1 TITLE VD Change Addition
 2.2 NAME SPOKA, MELVIN
 2.3 STREET ADDRESS VENTNOR A 14
 2.4 CITY-ST-ZIP DEERFIELD BEACH, FL 33442

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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, with all other like empowered.

SIGNATURE:

Rosella Ballia 4/14/99 (954) 427-9867

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037_ (1.198)