FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

740833

VENTNOR "L"ASSOCIATIONM INC.

(9)

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90163 001 14,638.75

Principal Pl				
©⊕N	VENTNOR L	188/CVE		
3 ₹ 0	DEERFIELD	BEACH, FL	33442	

1							\		
2	. Principal Place	e of Business	2a.	Mailing Address	_		3. Date Incorporated or Qualifed		
21]		26				11,'18,'1977		
_	Suite, Apt. #,	etc.		Suite, Apt. #, etc.			4. FEI Number		Applied For
22	1		27				59-1923067		Not Applicable
	City & State		20	City & State			5. Certifcate of Status Desired		\$8.75 Additional Fee Required
23	Zip	Country	28	Zip Co	untry		6. Election Campaign Financing		\$5.00 May Be
24]	25	29	30			Trust Fund Contribution		Added to Fees
9. Name and Address of Current Registered Agent				$oxed{\Box}$	10. Name and Address of New Registered Agent				
	CONDO OWNERS OF CENTURY VILLAGE E				81	Name			
	3501 West Drive			82	Street Addre	ess (P.O. Box Number is Not Accepta	ble)		
DEERFIELD BEACH, FL33442-2085			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.

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SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	e. (NOTE: Re	gistered Agent signature requ	uired when reinstating) D.	ATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		Change	☐ Addition
NAME S	SPRINGER, RICHARD		1.2 NAME			
STREET ADDRESS	VENTNOR L 192		1.3 STREET ADORESS			ļ
CITY-ST-ZIP	DEFREIELD BEACH, FL.		1,4 CITY-ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE		Change	Addition
NAME	V		2.2 NAME			
STREET ADDRESS	SCHWARTZ, SYLVIA		2.3 STREET ADDRESS			
CITY-ST-ZIP	198 VENTNOR L		2. 4 CiTY-ST-ZIP			
TITLE	DEERFIELD BEACH, FL	DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME	Brownstein, FREDA		3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			ĺ
CITY-ST-ZIP	188 VENTNOR L		3.4. CITY-ST-ZIP			
TITLE	DEERFIELD BEACH, FL.	☐ DELETE	4.1 TITLE		☐ Change	Addition
NAME	S		4. 2 NAME			
STREET ADDRESS	BROWNSTEIN, JOE		4.3 STREET ADDRESS			
CITY-ST-ZIP	188 VENTNOR L DEERFTELD BEACH, FL		4.4 CITY-ST-ZIP			
TITLE	DEERFTELD BEACH, FL	☐ DELETE	5.1 ΠπLE		☐ Change	☐ Addition
NAME	Katcher, SYLVIA		5.2 NAME			
STREET ADDRESS	190 VENTNOR L		5.3 STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD, BEACH, FL		5.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE	6.1 TITLE		Change	Addition
NAME	BROWNSTEIN, JOE		6.2 NAME			
STREET ADDRESS	188 VENTNOR L		6.3 STREET ADDRESS			
CITY ST ZIB	DEERFTELD BEACH, FL		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: 5