

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 740835 (4)

1. Corporation Name

VENTNOR "O" CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: C/O ANDER MORRIS, 1046 VENTNOR O, DEERFIELD BEACH FL 33442  
Mailing Address: C/O ANDER MORRIS, 1046 VENTNOR O, DEERFIELD BEACH FL 33442

3. Date Incorporated or Qualified: 11/18/1977  
3a. Date of Last Report: 05/01/1995

|                                |                         |  |                                |
|--------------------------------|-------------------------|--|--------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address     | 4. FEI Number  | Applied For                    |
| 21                             | 26                      | 59-1922124   | Not Applicable                 |
| 22. Suite, Apt. #, etc.        | 27. Suite, Apt. #, etc. | 5. Certificate of Status Desired                       | \$8.75 Additional Fee Required |
| 23. City & State               | 28. City & State        | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees    |
| 24. Zip                        | 25. Country             | 29. Zip  | 30. Country                    |
| 24                             | 25                      | 29   | 30                             |

9. Name and Address of Current Registered Agent

CONDOMINIUM OWNERS ORGANIZATION OF CENTURY VILLAGE EAST, INC.  
3501 WEST DRIVE  
DEERFIELD BEACH FL 33442-2085

10. Name and Address of New Registered Agent

|  |              |
|--|--------------|
| 81. Name   | 85. Zip Code |
| 82. Street Address (P.O. Box Number is Not Acceptable) | FL           |
| 83.  |              |
| 84. City   |              |

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 reconstituting)

DATE

| 12. OFFICERS AND DIRECTORS |                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---------------------|---|---|
| TITLE                      | DV                  | 11 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | AVNET, LEO          | 12 NAME   |   |
| STREET ADDRESS             | 1053 VENTNOR CVE    | 13 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                | DEERFIELD BCH FL    | 14 CITY-ST-ZIP  |   |
| TITLE                      | PD                  | 21 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MORRIS, ANDER       | 22 NAME   |   |
| STREET ADDRESS             | 1046 VENTNOR O, CVE | 23 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                | DEERFIELD BCH FL    | 24 CITY-ST-ZIP  |   |
| TITLE                      | S                   | 31 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | FRIEDMAN, MYRTLE    | 32 NAME   |   |
| STREET ADDRESS             | 1050 VENTNOR O, CVE | 33 STREET ADDRESS                                     | 800001797698  |
| CITY-ST-ZIP                | DEERFIELD BCH FL    | 34 CITY-ST-ZIP  | -04/29/96--01024--001   |
| TITLE                      | T                   | 41 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | AVNET, ROSE         | 42 NAME   | ***15128.75   |
| STREET ADDRESS             | 1053 VENTNOR O, CVE | 43 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                | DEERFIELD BEACH FL  | 44 CITY-ST-ZIP  |   |
| TITLE                      |                     | 51 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                     | 52 NAME   |   |
| STREET ADDRESS             |                     | 53 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                |                     | 54 CITY-ST-ZIP  |   |
| TITLE                      |                     | 61 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                     | 62 NAME   |   |
| STREET ADDRESS             |                     | 63 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                |                     | 64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/96

Date

481-2304

Daytime Phone #

CR2E037 (12/95)