

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740835

1. Entity Name

VENTNOR "O" CONDOMINIUM ASSOCIATION, INC.

FILED
Jul 12, 2000 8:00 am
Secretary of State

04-25-2000 90324 001 15,006.25

Principal Place of Business C/O ANDER MORRIS 1048 VENTNOR O DEERFIELD BEACH FL 33442	Mailing Address C/O ANDER MORRIS 1048 VENTNOR O DEERFIELD BEACH FL 33442-2107
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1922124		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent CONDOMINIUM OWNERS ORGANIZATION OF CENTURY VILLAGE EAST, INC. 3501 WEST DRIVE DEERFIELD BEACH FL 33442-2085				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State: FL Zip Code			
--	--	--	--	--	--	--	--

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: *Morris Under* DATE: 4/10/2000

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
-----------------------------	--	-----------------------------	---

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	D/V	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	AVNET, LEO		NAME	MOSS, LESTER			
STREET ADDRESS	1033 VENTNOR CVE		STREET ADDRESS	4049 VENTNOR O CVE			
CITY-ST-ZIP	DEERFIELD BCH FL		CITY-ST-ZIP	DEERFIELD BEACH FLA			
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MORRIS, ANDER		NAME				
STREET ADDRESS	1048 VENTNOR O, CVE		STREET ADDRESS				
CITY-ST-ZIP	DEERFIELD BCH FL		CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FRIEDMAN, MYRTLE		NAME				
STREET ADDRESS	1050 VENTNOR O, CVE		STREET ADDRESS				
CITY-ST-ZIP	DEERFIELD BCH FL		CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	AVNET, ROSE		NAME				
STREET ADDRESS	1033 VENTNOR O, CVE		STREET ADDRESS				
CITY-ST-ZIP	DEERFIELD BEACH FL		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Morris Under* DATE: 4/10/2000 (954) 481-2340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2007 (9/99)