


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

04-27-2006 90417 001 15,496.25

DOCUMENT # 740835					
1. Entity Name VENTNOR "O" CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business CONDO OWNERS ORG OF CENTURY VILLAGE E 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085			Mailing Address CONDO OWNERS ORG OF CENTURY VILLAGE E 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02142008 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number 59-1922124	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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		
			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$81.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PARNESS, CHARLES		NAME		
STREET ADDRESS	3049 VENTNOR O		STREET ADDRESS		
CITY- ST- ZIP	DEERFIELD BEACH, FL 33442		CITY- ST- ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KRASNER, HERBERT		NAME		
STREET ADDRESS	3052 VENTNOR O		STREET ADDRESS		
CITY- ST- ZIP	DEERFIELD BEACH, FL 33442		CITY- ST- ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRAU, MICHAEL		NAME		
STREET ADDRESS	1052 VENTNOR O		STREET ADDRESS		
CITY- ST- ZIP	DEERFIELD BEACH, FL 33442		CITY- ST- ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AVNET, ROSE		NAME		
STREET ADDRESS	1053 VENTNOR O, CVE		STREET ADDRESS		
CITY- ST- ZIP	DEERFIELD BEACH, FL		CITY- ST- ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SISKIND, BESS		NAME		
STREET ADDRESS	3055 VENTNOR O		STREET ADDRESS		
CITY- ST- ZIP	DEERFIELD BEACH, FL 33442		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOLDSTEIN, SHIRLEY		NAME		
STREET ADDRESS	4046 VENTNOR O		STREET ADDRESS		
CITY- ST- ZIP	DEERFIELD BEACH, FL 33442		CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Charles K Parness</i>		Date: 4/1/06		Daytime Phone #: (954) 725-1384	
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR					
<i>CHARLES K. PARNES</i>					