FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

1995

DOCUMENT # 740816 (4)

TILFORD "S" CONDOMINIUM ASSOCIATION, INC.

FREDA SHENKER
TILFORD "S" #415
DEERFIELD BEACH FL 33442

FREDA SHENKER
TILFORD "S" #415
DEERFIELD BEACH FL 33442

3 11/18/1977 3a 05/01/1994

4 59-1981018 Applied For / Not Applicable

5 $8.75 Additional Fee Required

6 $5.00 May Be Added to Fees

7 $68.75 Supplemental Fee Not Required

8

21 BASIL HALES	22 407 TILFORD S	23 DEERFIELD BEACH FL	24 33442	25 USA
26 BASIL HALES	27 407 TILFORD S	28 DEERFIELD BEACH FL	29 33442	30 USA

9. Name and Address of Current Registered Agent

CONDOMINIUM OWNERS ORGNIZATION CENTURY
VILLAGE E, INC.
3501 WEST DRIVE
DEERFIELD BEACH FL 33442-2085

10. Name and Address of New Registered Agent

81

82

83

84 FL 85

11

12

PTD
SHENKER, FREDA
TILFORD S 415
DEERFIELD BEACH FL
D
TILLMAN, MANNY
TILFORD S412
DEERFIELD BEACH FL
SD
JAWETZ, RUTH
TILFORD S 411
DEERFIELD BEACH FL
VD
WILLIAMS, IRENE
TILFORD S 408
DEERFIELD BEACH FL
D
HALES, BASIL
TILFORD S 407
DEERFIELD BEACH FL

REMITTED BY MAY 1

13

PDT
HALES BASIL
TILFORD S 407
DEERFIELD BEACH FL
D
TILLMAN MANNY
TILFORD S 412
DEERFIELD BEACH FL
SD
KEILOR ANNE
TILFORD S 411
DEERFIELD BEACH FL
V.D.
GOODINGER
TILFORD S 393
DEERFIELD BEACH FL
2ND FLOOR MAIL
D
TILFORD S 393
DEERFIELD BEACH FL

6/1/95

14

SIGNATURE: Basil Hales BASIL HALES 2/8/95 305-426-3263

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0012401

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED

DOCUMENT # 741146 (5)

THE INVERRARY WOMEN'S GOLF ASSN, INC
3840 INVERRARY BLVD
LAUDERHILL, FL 33319

DO NOT WRITE IN THIS SPACE

3 Date Incorporated or Qualified: 12/01/77	3a Date of Last Report: 5/'94
4 FEI Number: 01-4097394	Applied For / Not Applicable
5 Certificate of Status Desired [ ]	$8.75 Additional Fee Required
6 [ ]	$5.00 May Be Added to Fees
7 Nonprofit with IRS 501(c)(3) Tax Exempt Status [ ]	$68.75 Supplemental Fee Not Required
8 This corporation has liability for intangible tax under S. 199.032 Florida Statutes	[ ] Yes [ ] No

Principal Place of Business	2a Mailing Address
21 3840 Inverrary Blvd	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State: LAUDERHILL, FL
24 Zip / 25 Country	29 Zip: 33319 / 30 Country

9. Name and Address of Current Registered Agent

SALOMONE MICHEAL J.
7800 W OAKLAND PARK BLVD
SUNRISE, Fl 33321

10. Name and Address of New Registered Agent

81 Name
82 (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 607.0505, Florida Statutes.

SIGNATURE

12 OFFICERS AND DIRECTORS

TITLE	PRES D
NAME	MARMUR, DORIS
STREET ADDRESS	3930 INVERRARY BLVD
CITY-ST-ZIP	LAUDERHILL, FL 33319
TITLE	V PRES D
NAME	ROSS, CLARICE
STREET ADDRESS	3409 CHERRY GARDEN CIRCLE
CITY-ST-ZIP	LAUDERHILL, FL 33319
TITLE	SECY D
NAME	OROVITZ, SYLVIA
STREET ADDRESS	1200 RADICE COURT
CITY-ST-ZIP	LAUDERHILL, FL 33319
TITLE	TREASURER D
NAME	MANDEL, GAIL
STREET ADDRESS	6020 NW 44 ST
CITY-ST-ZIP	LAUDERHILL, FL 33319
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13.

11 TITLE		[ ] Change [ ] Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		[ ] Change [ ] Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		[ ] Change [ ] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		[ ] Change [ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		[ ] Change [ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
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)(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.

SIGNATURE: Gail Mandel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/23/95 Date

305 484- Daytime Phone #