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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 740816 (4)

1. Corporation Name

TILFORD "S" CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**BASIL HALES
407 TILFORD S
DEERFIELD BEACH FL 33442**

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407 TILFORD S
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

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (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 617.0503, Florida Statutes.

SIGNATURE

Basil Hales **BASIL HALES PRES.**

2/9/96

Signature, typed or printed name of registered agent and date of application

(NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE **SD** ☐ DELETE
NAME **KEILER, PEARL**
STREET ADDRESS **TILFORD S 412**
CITY-ST-ZIP **DEERFIELD BEACH FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **TILLMAN, MANNY**
STREET ADDRESS **TILFORD S412**
CITY-ST-ZIP **DEERFIELD BEACH FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **V** ☐ DELETE
NAME **GOODFINGER, D**
STREET ADDRESS **TILFORD S 398**
CITY-ST-ZIP **DEERFIELD BEACH FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **ZEITZOFF, MAE**
STREET ADDRESS **TILFORD S 393**
CITY-ST-ZIP **DEERFIELD BEACH FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D P** ☐ DELETE
NAME **HALES, BASIL**
STREET ADDRESS **TILFORD S 407**
CITY-ST-ZIP **DEERFIELD BEACH FL**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **P/D HALES, BASIL**
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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: *Basil Hales* **BASIL HALES PRES.** **2/9/96**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954) 426-3263

CR2E037 (12/95)