


FILE NOW: FILING FEE IS \$61.25

APPROVED
AND
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97 APR 28 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997		 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 BASIL HALES 407 TILFORD S DEERFIELD BEACH FL 33442		Mailing Address BASIL HALES 407 TILFORD S DEERFIELD BEACH FL 33442-2008	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	
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 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	SD	<input type="checkbox"/> DELETE	
NAME	KEILER, PEARL		
STREET ADDRESS	TILFORD S 412		
CITY - ST - ZIP	DEERFIELD BEACH FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	TILLMAN, MANNY		
STREET ADDRESS	TILFORD S 412		
CITY - ST - ZIP	DEERFIELD BEACH FL		
TITLE	V	<input type="checkbox"/> DELETE	
NAME	GOODFINGER, D		
STREET ADDRESS	TILFORD S 398		
CITY - ST - ZIP	DEERFIELD BEACH FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	ZEITZOFF, MAE		
STREET ADDRESS	TILFORD S 393		
CITY - ST - ZIP	DEERFIELD BEACH FL		
TITLE	DP	<input type="checkbox"/> DELETE	
NAME	HALES, BASIL		
STREET ADDRESS	TILFORD S 407		
CITY - ST - ZIP	DEERFIELD BEACH FL		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME	400002159514-1		
1.3 STREET ADDRESS	-04/29/97--01109--001		
1.4 CITY - ST - ZIP	**15190.00 *****61.25		
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME	DP 4/28		
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			
14. I do hereby certify that the information supplied with this filing 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: Basil Hales REQUIRED 01/12/97 954-426-3263			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E037 (9/96)