


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 737626 (2)
1. Corporation Name
RICHMOND "C" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business C/O RICHMOND D C-216 CENTURY VILLAGE EAST DEERFIELD BEACH FL 33442	Mailing Address C/O RICHMOND D C-216 CENTURY VILLAGE EAST DEERFIELD BEACH FL 33442
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3. Date Incorporated or Qualified

12/23/1976

4. FEI Number

59-1881417

Applied For

Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CONDOMINIUM OWNERS ORGANIZATION OF CEN.VI
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	T	<input type="checkbox"/> DELETE
NAME	POPELSKY, MARTIN	
STREET ADDRESS	RICHMOND C 216	
CITY-ST-ZIP	DEERFIELD BCH FL	

1.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MARSAND ESTELLE	
1.3 STREET ADDRESS	RICHMOND C 328	
1.4 CITY-ST-ZIP	DEERFIELD BCH FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	AARON, FREINHAR	
STREET ADDRESS	RICHMOND C 225	
CITY-ST-ZIP	DEERFIELD BEACH FL	

2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GOLDBERG GEORGE	
2.3 STREET ADDRESS	RICHMOND C 320	
2.4 CITY-ST-ZIP	DEERFIELD BCH FL	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MESTMAN, MORRIS	
STREET ADDRESS	RICHMOND C124	
CITY-ST-ZIP	DEERFIELD BEACH FL	

3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	EFFREN RONALD	
3.3 STREET ADDRESS	RICHMOND C 421	
3.4 CITY-ST-ZIP	DEERFIELD BCH FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SILVER, NAT	
STREET ADDRESS	RICHMOND C 128	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	

4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	FEINBLUM ROBERT	
4.3 STREET ADDRESS	RICHMOND C 419	
4.4 CITY-ST-ZIP	DEERFIELD BCH FL	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	STEPNER, JAMES	
STREET ADDRESS	RICHMOND C 227	
CITY-ST-ZIP	DEERFIELD BEACH FL	

5.1 TITLE	000002474720	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	-04/01/98--01022--010	
5.4 CITY-ST-ZIP	***15006.25	

TITLE	DV	<input type="checkbox"/> DELETE
NAME	POPELSKY, NATHAN	
STREET ADDRESS	RICHMOND C 321	
CITY-ST-ZIP	DEERFIELD BEACH FL	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, on an attachment with an address.

SIGNATURE

[Signature]

12/23/98

PE
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CR2E037 (10/97)