

FILE NOW: FILING FEE IS \$61.25

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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 # 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
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3. Date Incorporated or Qualified 11/18/1977	
4. FEI Number 59-1981018	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>

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

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent CONDOMINIUM OWNERS ORGNIZATION CENTURY VILLAGE E, INC. 3501 WEST DRIVE DEERFIELD BEACH FL 33442-2085	
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10. Name and Address of New Registered Agent	
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 _____ (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 checked="" type="checkbox"/> DELETE
NAME TILLMAN, MANNY	
STREET ADDRESS TILFORD S 412	
CITY-ST-ZIP DEERFIELD BEACH FL	
TITLE DIR.	<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	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VPOSNER FLORENCE
2.3 STREET ADDRESS	TILFORD S 394
2.4 CITY-ST-ZIP	DEERFIELD BEACH FL
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	800002474698
5.3 STREET ADDRESS	-04/01/98--01022--010
5.4 CITY-ST-ZIP	***15006.25
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, or on an attachment with an address.

SIGNATURE _____

CR2E037 (10/97)

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