

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**DOCUMENT # 740816**

1. Entity Name

TILFORD "S" CONDOMINIUM ASSOCIATION, INC.



FILED

04 APR 27 PM 5:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

66413216



MOORE CR2E037 (11/03)

Principal Place of Business Mailing Address  
CONDO OWNERS ORG. OF CENTURY VILLAGE CONDO OWNERS ORG. OF CENTURY VILLAGE  
3501 WEST DRIVE 3501 WEST DRIVE  
DEERFIELD BEACH FL 33442-2085 DEERFIELD BEACH FL 33442-2085

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1981018

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TD ☐ Delete  
NAME TOLKAN, LENORE  
STREET ADDRESS TILFORD S 401  
CITY-ST-ZIP DEERFIELD BEACH FL

TITLE ☐ Change ☐ Addition  
NAME 200034613892  
STREET ADDRESS 04/29/04--01020--001 \*\*15006.25  
CITY-ST-ZIP

TITLE DV ☐ Delete  
NAME DANIELS, RITA  
STREET ADDRESS TILFORD S 397  
CITY-ST-ZIP DEERFIELD BEACH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME SILVERSTEIN, JOSEPH  
STREET ADDRESS TILFORD S 404  
CITY-ST-ZIP DEERFIELD BEACH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DP ☐ Delete  
NAME HALES, BASIL  
STREET ADDRESS TILFORD S 407  
CITY-ST-ZIP DEERFIELD BEACH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME STRAUB, MARY  
STREET ADDRESS TILFORD S 396  
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE ☒ Change ☐ Addition  
NAME KEILER, PEARL  
STREET ADDRESS 416 TILFORD S  
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Basil Hales*

954496-3563  
JAN. 28, 2004