

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

DOCUMENT # 736688

1. Entity Name

FARNHAM "N" CONDOMINIUM ASSOCIATION, INC.



FILED

04 APR 27 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

CONDO OWNERS ORG OF CENTURY VILLAGE E CONDO OWNERS ORG OF CENTURY VILLAGE E  
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

59-1921670

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 ORGANIZATION OF CENTURY  
VILLAGE EAST 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.

000034618600

04/29/04--01020--001 \*\*15006.25

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	PD	<input checked="" type="checkbox"/> Delete
NAME	<del>BOLDUC, BERNARD C</del>	
STREET ADDRESS	<del>2007 FARNHAM N</del>	
CITY-ST-ZIP	<del>DEERFIELD BEACH FL 33442</del>	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	<del>SHU DING, BERNARD</del>	
STREET ADDRESS	<del>3001 FARNHAM N</del>	
CITY-ST-ZIP	<del>DEERFIELD BEACH FL 33442</del>	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	<del>SURNIKE, FRANK</del>	
STREET ADDRESS	<del>4010 FARNHAM N</del>	
CITY-ST-ZIP	<del>DEERFIELD BEACH FL 33442</del>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<del>BOSS, MOE</del>	
STREET ADDRESS	<del>1016 FARNHAM N</del>	
CITY-ST-ZIP	<del>DEERFIELD BEACH FL 33442</del>	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEITZNER, LILLIAN	
STREET ADDRESS	3006 FARNHAM N	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEINER, ADEL	
STREET ADDRESS	1005 FARNHAM N	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	

TITLE	President & Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Favone	
STREET ADDRESS	2015 FARNHAM N	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	1st Vice Secy.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRVING COOPERMAN	
STREET ADDRESS	2004 FARNHAM N	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	Vice Pres	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAM GOODMAN	
STREET ADDRESS	3012 FARNHAM N	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	Treasurer & Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Loretta Okun	
STREET ADDRESS	2003 FARNHAM N	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARLE ROSS	
STREET ADDRESS	2009 FARNHAM N	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Diane Stimml	
STREET ADDRESS	1014 FARNHAM N	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	

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 #

954-596-5885