## FILE NOW: FILING FEE IS \$61.25

NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1002 DIVISION OF CORPORATIONS

## **FILED** Mar 31 1998 8:00am Secretary of State

	1000				
POCU 1. Corporation	MENT # 72806	6)			
DURH	AM "N" CONDOMINIUM AS	SSOCIATION, INC.			
					1
Principal Plac	ce of Business	Mailing Address	<del></del>		EST ELBYL EYBYT BLØYT BYRIU BYRYL 1691
409 DURHAM N/CVE 409 DURHAM N/CVE				3. Date Incorporated or Qualified	
DEERFIELD BE	EACH FL 33442	DEERFIELD BEACH FL	33442	11/15/1973	
				4. FEI Number	Applied For
6 Pd	Name of Daylor	Do Marie Addison		59-1876018	Not Applicable
2. Principal Place of Business 2e. Mailing Address 26			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Suite, Apt. #, etc. Suite, Apt. #, etc.		<del></del>	6. Election Campaign Financing	\$5.00 May Be	
27		27		Trust Fund Contribution	Added to Fees
City & Stat	te	City & State		7. Is this nonprofit corporation a homeo	
<b>23</b> Zip	Country	<b>Zip</b>	Country	8. This corporation owes or has paid the	<del></del>
24	25	29	30	Personal Property Tax due June 30.	Yes X No
<u></u>	9. Name and Address of Curr			10. Name and Address of New Registe	red Agent
			81 Name		
	MINIUM OWNERS OF CENTUR	RY VILLAGE E.	62 Street A	ddress (P.O. Box Number is Not Acceptable)	
3501 WEST DRIVE					
DEERFI	ELD BEACH FL 33442-2085		83		
			<b>B4</b> City		FL 85 Zip Code
11 Purguent	to the provisions of Sections 617.0	502 and 617 1508 Florida Sta	atutes the above named o		
office or r	registered agent, or both, in the Sta	te of Florida. Such change wa	as authorized by the corpo	corporation submits this statement for the purpo oration's board of directors. I hereby accept the	appointment as registered
	am ramiliar with, and accept the ob-	igations of, Section 617.0503,	Florida Statutes.		
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (I	NOTE: Registered Agent eignature re	equired when reinstating) DA	TE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	DVP	☐ DELETE	1.1 TITLE		Change Addition
NAME	FELDMAN, PHILIP		1.2 NAME		
STREET ADDRESS	DURHAM N 417		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DEERFIELD BEACH FL SD	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	FELDMAN, RUTH		2.2 NAME		onunge
STREET ADDRESS	DURHAM N 417		2.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL		2.4 CITY-ST-ZIP		
TITLE	DP	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GANZELL, JENNIE		3.2 NAME		
STREET ADDRESS	DURHAM N 409		3.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL		3.4. CITY-ST-ZIP		
TITLE	D	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MERANCHIK, BESSIE		4. 2 NAME		
STREET ADDRESS	DURHAM N 421		4.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL	DELETE	4.4 City-ST-ZIP 5.1 Title	800002474	Addition Addition
TITLE NAME		T NECESE	5.1 TIFLE 5.2 NAME	-04/01/9801022-	ം <u>എത്തും</u> പരത്തി -010
STREET ADDRESS			5.3 STREET ADDRESS	***15006.25	510
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME		_	6.2 NAME		DC.
STREET ADDRESS			6.3 STREET ADDRESS		PE
CITY-ST-ZIP			6.4 CITY - ST - ZIP		3.31

14. I hereby certify that the Information supplied with this filling 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

1-15-98

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