2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728071

Title:

Name:

Address:

City-St-Zip:

FILED Jan 23, 2009 Secretary of State

Entity Name: DURHAM "P" CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: CONDO OWNERS ORG OF CENTURY VILLAGE E 3501 WEST DRIVE DEERFIELD BEACH, FL 334422085 **New Mailing Address: Current Mailing Address:** CONDO OWNERS ORG OF CENTURY VILLAGE E 3501 WEST DRIVE DEERFIELD BEACH, FL 334422085 FEI Number: 59-1906035 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CONDOMINIUM OWNERS ORG. OF CVE., INC. 3501 WEST DRIVE DEERFIELD BEACH, FL 334422085 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition WHALEN, JOHN ADLER, SAM Name: Name: 473 DURHAM P Address: 469 DURHAM P Address: City-St-Zip: DEERFIELD BEACH, FL 33442 City-St-Zip: DEERFIELD BEACH, FL 33442 Title: PD Title: VPD () Delete (X) Change () Addition ADLER, SEYMOUR Name: STARR, JAY Name: Address: DURHAM P 469 Address: 471 DURHAM P City-St-Zip: DEERFIELD BEACH, FL City-St-Zip: DEERFIELD BEACH, FL 33442 Title: VPD () Delete Title: TD (X) Change () Addition LABONTE, LILLIANE BAEZ, LILLIANE Name: Name: Address: 478 DURHAM P Address: 478 DURHAM P City-St-Zip: DEERFIELD BEACH, FL 33442 City-St-Zip: DEERFIELD BEACH, FL 33442 () Change () Addition Title: SD () Delete Title: Name: CHERNIAK, EVELYN Name: 457 DURHAM P Address: Address: City-St-Zip: DEERFIELD BEACH, FL 33442 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: SAM ADLER P 01/23/2009

() Delete

() Change (X) Addition

WHALEN, JOHN

473 DURHAM P

DEERFIELD BEACH, FL 33442