

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

04-18-2003 90478 001 14,700.00

728077
FILED

03 JUL 14 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **728077**

1. Entity Name
Durham V Condo Assoc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**CONDOMINIUM OWNERS ORGANIZATION
OF CENTURY VILLAGE E., INC. ■ COOCVE ■**

City & State

3501 West Drive
Deerfield Bch., FL 33442-2085

Zip

Country

Zip

Country

4. FEI Number

59-1906044

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

**CONDOMINIUM OWNERS ORGANIZATION
OF CENTURY VILLAGE E., INC. ■ COOCVE ■**
3501 West Drive
Deerfield Bch., FL 33442-2085

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **Pres**
NAME **JOHN BOURGEOIS**
STREET ADDRESS **618 Durham V**
CITY-ST-ZIP **Deerfield Bch FL 33442**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP**
NAME **SIDNEY HOSS**
STREET ADDRESS **609 Durham V**
CITY-ST-ZIP **Deerfield Bch FL 33442**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Treas**
NAME **Jean Baril**
STREET ADDRESS **617 Durham V**
CITY-ST-ZIP **Deerfield Bch FL 33442**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Secy**
NAME **Mary Amourne**
STREET ADDRESS **600 Durham V**
CITY-ST-ZIP **Deerfield Bch FL 33442**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Off**
NAME **Albert Kunkelman**
STREET ADDRESS **606 Durham V**
CITY-ST-ZIP **Deerfield Bch FL 33442**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Off**
NAME **Monica Rosen**
STREET ADDRESS **620 Durham V**
CITY-ST-ZIP **Deerfield Bch FL 33442**

TITLE
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 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 #

CR2E037B (12/01)