

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 22, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90101 001 15,496.25

<b>DOCUMENT # 729262</b> 1. Entity Name <b>FARNHAM "C" CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>CONDO OWNERS ORG OF CENTURY VILLAGE E 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085</b>			Mailing Address <b>CONDO OWNERS ORG OF CENTURY VILLAGE E 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-1921731</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>CONDO. OWNERS ORG. CENTURY VILLAGE E. 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085</b>				7. Name and Address of Now Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCKEEN, GEORGE 49 FARAHAM C DEERFIELD BEACH, FL 33442		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KATZ, GERTRUDE FARNHAM C-62 DEERFIELD BEACH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIEGELMAN, ARTHUR FARNHAM C 72 DEERFIELD BCH., FL 33442		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHESTER, GARY 55 FARNHAM C DEERFIELD BEACH, FL 33442		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERGER, JERRY FARNHAM C 66 DEERFIELD BEACH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAPLAN, NORMAN 254 FARNHAM K DEERFIELD BEACH, FL 33442		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE: <u>Norman Kaplan</u> NORMAN KAPLAN 4/2/08 (954) 428-1409</b>					