

FILE NOW: FILING FEE IS \$61.25

**APPROVED
AND
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97 APR 28 AM 10: 58

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 729264 (2)
1. Corporation Name
FARNHAM "G" CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business C/O FARNHAM G. 145 CENTURY VILLAGE DEERFIELD BEACH FL 33442	Mailing Address C/O FARNHAM G. 145 CENTURY VILLAGE DEERFIELD BEACH FL 33442
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3. Date Incorporated or Qualified 04/04/1974	3a. Date of Last Report 04/27/1996
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 25. Suite, Apt. #, etc. 26. City & State 27. Zip 28. Country
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4. FEI Number 59-1921741	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**CONDO.OWNERS ORGANZ. OF CENTURY VILLAGE E
3501 WEST DRIVE
DEERFIELD BEACH FL 33442-2085**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	BRUNO, NANCY	
STREET ADDRESS	FARNHAM G147	
CITY - ST - ZIP	DERFIELD BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LAZAROWITZ, RICKY	
STREET ADDRESS	FARNHAM G 145	
CITY - ST - ZIP	DEERFIELD BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LEVINE, HANNAH	
STREET ADDRESS	FARNHAM G154	
CITY - ST - ZIP	DEERFIELD BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEVY, RUTH	
STREET ADDRESS	FARNHAM G 164	
CITY - ST - ZIP	DEERFIELD BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COTTER, ROSEMARY	
STREET ADDRESS	FARNHAM G 155	
CITY - ST - ZIP	DEERFIELD BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BRUNO, ANDREW	
STREET ADDRESS	FARNHAM G 147	
CITY - ST - ZIP	DEERFIELD BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	700002159537-9
1.3 STREET ADDRESS	-04/29/97--01109--001
1.4 CITY - ST - ZIP	***15190.00 *****61.25
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **ANDREW BRUNO** 1/16/97 954 428-6423
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0076895

CR2E037 (9/96)