



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 25, 2005 8:00 am
Secretary of State

05-05-2005 90139 001 15,373.75

DOCUMENT # 729264 1. Entity Name FARNHAM "G" CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business CONDO OWNERS ORG OF CENTURY VILLAGE 3501 WEST DRIVE DEERFIELD BEACH FL 33442-2085		Mailing Address CONDO OWNERS ORG OF CENTURY VILLAGE 3501 WEST DRIVE DEERFIELD BEACH FL 33442-2085			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		bb013110  1st MOORE CR2E037 (10/04)	
City & State		City & State			
Zip	Country	Zip	Country	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					
5. Name and Address of Current Registered Agent CONDO.OWNERS ORGANZ. OF CENTURY VILLAGE E 3501 WEST DRIVE DEERFIELD BEACH FL 33442-2085			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUNO, NANCY		NAME		
STREET ADDRESS	FARNHAM G147		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAZAROWITZ, RICKY		NAME	..	
STREET ADDRESS	FARNHAM G 145		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, SYLVIA		NAME		
STREET ADDRESS	FARNHAM G154		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLICKMAN, DANIEL		NAME		
STREET ADDRESS	FARNHAM G 153		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COTTER, ROSEMARY		NAME		
STREET ADDRESS	FARNHAM G 155		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUNO, ANDREW		NAME		
STREET ADDRESS	FARNHAM G 147		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BCH FL		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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Daniel Glickman</i> (DANIEL GLICKMAN)			Date: 4/4/05		Daytime Phone #: (954) 421-6259
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					