

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

04-27-2006 90417 001 15,496.25

DOCUMENT # 729266 1. Entity Name FARNHAM "I" CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business CONDO OWNERS ORG OF CENTURY VILLAGE E 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085			Mailing Address CONDO OWNERS ORG OF CENTURY VILLAGE E 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent CONDOMINIUM ORGANIZATION OF CENTURY VILLAGE EAST, INC. 3501 WEST DRIVE DEERFIELD BEACH FL, FL 33442-2085				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$81.25 Due by May 1, 2006		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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> D COHEN, CEIL 211 FARNHAM I DEERFIELD BEACH, FL 33442 </div> <div style="width: 15%; text-align: right;"> <input type="checkbox"/> Delete </div> </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> D BUNKER, ROBERT FARNHAM I 205 DEERFIELD BCH, FL </div> <div style="width: 15%; text-align: right;"> <input type="checkbox"/> Delete </div> </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> T DASH, SYLVIA FARNHAM I-212 DEERFIELD BEACH, FL </div> <div style="width: 15%; text-align: right;"> <input checked="" type="checkbox"/> Delete </div> </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> DV VASQUEZ, PABLO FARNHAM I 201 DEERFIELD BEACH, FL </div> <div style="width: 15%; text-align: right;"> <input checked="" type="checkbox"/> Delete </div> </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> D COHEN, ELI 211 FARNHAM I DEERFIELD BEACH, FL 33442 </div> <div style="width: 15%; text-align: right;"> <input checked="" type="checkbox"/> Delete </div> </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> PD BRUCE, FRANCES FARNHAM I 208 DEERFIELD BEACH, FL 33442 </div> <div style="width: 15%; text-align: right;"> <input type="checkbox"/> Delete </div> </div>				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> T Joseph HASSAN 213 Farnham I D.B.H 33442 </div> <div style="width: 15%; text-align: right;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </div> </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> SD ELI COHEN 211 Farnham I D.B.H 33442 </div> <div style="width: 15%; text-align: right;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </div> </div>				
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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.					
SIGNATURE: <u>Frances Bruce</u> 4/15/06 (954) 426-2514 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
FRANCES BRUCE					