

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-05-2005 90139 001 15,373.75

<b>DOCUMENT # 730004</b> 1. Entity Name <b>MARKHAM "S" 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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-1909735</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>CONDOMINIUM OWNERS ORGANIZATION OF CENTURY VILLAGE EAST 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085</b>				7. Name and Address of New 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 _____ (NOTE: Registered Agent signature required when releasing) DATE _____					
<b>Filing Fee is \$81.25 Due by May 1, 2005</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 * PD <input type="checkbox"/> Delete NAME QUESADA, FRANCESCA STREET ADDRESS 403 MARKHAM S CITY - ST - ZIP DEERFIELD BEACH, FL 33442			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP		
TITLE * TS <input type="checkbox"/> Delete NAME DELLINGER, BILL STREET ADDRESS 410 S POWERLINE RD CITY - ST - ZIP DEERFIELD BEACH, FL 33442			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP		
TITLE * D <input type="checkbox"/> Delete NAME SCHUBERT, ESTHER STREET ADDRESS 416 MARKHAM S CITY - ST - ZIP DEERFIELD BEACH, FL 33442			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP		
TITLE * DV <input type="checkbox"/> Delete NAME MARSAND, PAULA STREET ADDRESS 411 MARKHAM S CITY - ST - ZIP DEERFIELD BEACH, FL 33442			TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP		
TITLE * D <input type="checkbox"/> Delete NAME DEANE, JAMES STREET ADDRESS 404 MARKHAM S CITY - ST - ZIP DEERFIELD BEACH, FL 33442			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP		
TITLE * D <input type="checkbox"/> Delete NAME VAZQUEZ, BENEVEDEZ STREET ADDRESS 405 MARKHAM S CITY - ST - ZIP DEERFIELD BEACH, FL 33442			TITLE VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: Bill Dellinger BILL DELLINGER 4/4/05 (954)428-7013</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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