## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#730006** 

FILED Aug 25, 2009 Secretary of State

Entity Name: MARKHAM "Q" CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place of Business:
3501 WES	WNERS ORG. OF CENTURY VILLAGE E IT DRIVE ID BEACH, FL 334422085	
Current M	ailing Address:	New Mailing Address:
3501 WES	WNERS ORG. OF CENTURY VILLAGE E IT DRIVE ID BEACH, FL 334422085	
n accordan	: 59-1895618	FEI Number Not Applicable ( ) Certificate of Status Desired ( ) not receive the prior notice.  Name and Address of New Registered Agent:
/ILLAGE E 3501 WES DEERFIEL The above	T DRIVE .D BEACH, FL 334422085 US	TURY  purpose of changing its registered office or registered agent, or both,
SIGNATUF		
	Electronic Signature of Registered Ag	gent Date
FFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
itle: lame:	PD ( ) Delete CUMMINGS, MARK	Title: ( ) Change ( ) Addition Name:
ddress:	373 MARKHAM Q DEERFIELD BEACH, FL 33442	Address: City-St-Zip:
Address: Dity-St-Zip: Title: Name: Address:		
Address: City-St-Zip: City-St-Zip: Address: City-St-Zip: Citle: Address: City-St-Zip: City-St-Zip: City-St-Zip:	DEERFIELD BEACH, FL 33442  VD ( ) Delete  ROSENTHAL, LEONORE 363 MARKHAM Q	City-St-Zip:  Title: ( ) Change ( ) Addition  Name: Address:
Address: City-St-Zip: Title: Jame: Address: City-St-Zip: Title: Jame: Address:	DEERFIELD BEACH, FL 33442  VD ( ) Delete ROSENTHAL, LEONORE 363 MARKHAM Q DEERFIELD BEACH, FL 33442  S ( ) Delete CUMMINGS, MARSHA 373 MARKHAM Q	City-St-Zip:  Title: ( ) Change ( ) Addition  Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition  Name: Address:
ddress: city-St-Zip: itle: lame: ddress: city-St-Zip: itle: lame: ddress: city-St-Zip: itle: lame: ddress:	DEERFIELD BEACH, FL 33442  VD ( ) Delete ROSENTHAL, LEONORE 363 MARKHAM Q DEERFIELD BEACH, FL 33442  S ( ) Delete CUMMINGS, MARSHA 373 MARKHAM Q DEERFIELD BEACH, FL 33442  D ( ) Delete SALSBERG, WALTER 372 MARKHAM Q	City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK CUMMINGS PD 08/25/2009