

FILE NOW: FILING FEE IS \$61.25

APPROVED AND FILED

97 APR 28 AM 10:50

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 # 730008 (0)

1. Corporation Name
MARKHAM T^m CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business MARKHAM T 423 DEERFIELD BHC FL 33442	Mailing Address MARKHAM T 423 DEERFIELD BHC FL 33442
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/20/1974	3a. Date of Last Report 04/27/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1895026	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	30 Country	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, ORG. OF CVE, INC.
 3501 WEST DRIVE CVE
 DEERFIELD BCH FL 33442**

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	T <input type="checkbox"/> DELETE
NAME	BARKOE, MIRIAM
STREET ADDRESS	MARKHAM T 440
CITY-ST-ZIP	DEERFIELD BCH, FL 00000
TITLE	S <input type="checkbox"/> DELETE
NAME	MAGID, MARCIA
STREET ADDRESS	433 MARKHAM T
CITY-ST-ZIP	DEERFIELD BCH, FL 00000
TITLE	V <input type="checkbox"/> DELETE
NAME	GOLDWASSER, JOE
STREET ADDRESS	MARKHAM T #423
CITY-ST-ZIP	DEERFIELD BCH, FL 00000
TITLE	PD <input type="checkbox"/> DELETE
NAME	LEPORE, LARRY
STREET ADDRESS	MARKHAM T 423
CITY-ST-ZIP	DEERFIELD BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

200002159992-13
-04/29/97--01109--001
****15190.00 *****61.25**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	

APR 21 1997

14. I do 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 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: *LARRY LEPORE* **APR 21 1997**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0076927**

CFR2E037 (9/96)