

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$355)

**APPROVED
AND
FILED**

95 JUL 25 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Monham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **730012** (2)
1. Corporation Name
MARKHAM "C" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
MARKHAM C61 DEERFIELD BCH FL 33442
MARKHAM C61 DEERFIELD BCH FL 33442

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 3. Date Incorporated or Qualified 06/20/1974 | 3a. Date of Last Report 05/01/1994 |
| 4. FEI Number 59-1850370 | Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/> | FILING FEE IS \$61.25 |
| 8. This corporation has liability for intangible tax under s. 192.022, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--|---|
| 2. Principal Place of Business 21 JUDITH LAUTMAN | 2a. Mailing Address 26 JUDITH LAUTMAN |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State | 28 City & State |
| 24 Zip | 25 County |
| 29 Zip | 30 Country |

9. Name and Address of Current Registered Agent
**CONDOMINIUM OWNERS ORGANIZATION OF CENTURY
3501 WEST DRIVE
DEERFIELD BEACH FL 33442-2085**

| |
|---|
| 10. Name and Address of New Registered Agent |
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|--------------------------------|
| TITLE | PD |
| NAME | LAUTMAN, JUDITH |
| STREET ADDRESS | MARKHAM 61 |
| CITY - ST - ZIP | DEERFIELD BCH, FL 00000 |
| TITLE | S |
| NAME | DOMBROFSKY, GAIL |
| STREET ADDRESS | MARKHAM C 54 |
| CITY - ST - ZIP | DEERFIELD BCH, FL 00000 |
| TITLE | D |
| NAME | PICHETTE, DOLLARD |
| STREET ADDRESS | MARKHAM C-63 |
| CITY - ST - ZIP | DEERFIELD BEACH FL |
| TITLE | D |
| NAME | ECKHOUSE, SAM |
| STREET ADDRESS | MARKHAM 59 |
| CITY - ST - ZIP | DEERFIELD BCH, FL 00000 |
| TITLE | D |
| NAME | MARCOUX, PAULINE |
| STREET ADDRESS | MARKHAM C-60 |
| CITY - ST - ZIP | DEERFIELD BCH, FL 00000 |
| TITLE | D |
| NAME | HIRSCH, IDA |
| STREET ADDRESS | MARKHAM C 64 |
| CITY - ST - ZIP | DEERFIELD BEACH FL |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE | VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | TD <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | VERHIMMEN, JACOBO |
| 3.3 STREET ADDRESS | MARKHAM C 52 |
| 3.4 CITY - ST - ZIP | DEERFIELD BEACH, FL. 33442 |
| 4.1 TITLE | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | ECKHOUSE, SAM |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | D <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | CAROL, VIOLET |
| 5.3 STREET ADDRESS | MARKHAM C 50 |
| 5.4 CITY - ST - ZIP | DEERFIELD BEACH, FL. 33442 |
| 6.1 TITLE | |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | 877/25 # previously taken |
| 6.4 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Samuel Eckhouse Pres. Date: 7/18/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SAMUEL ECKHOUSE

CR2E037 (3-95)