FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 730012

MARKHAM "C" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Busines
MARKHAM C 59
CENTURY VILLAGE EAST
DEFREIELD BCH FL 33442

2. Principal Place of Business

Suite, Apt. #, etc.

21

Mailing Address

2a. Mailing Address

26

MARKHAM C 59 CENTURY VILLAGE EAST DEERFIELD BCH FL 33442

Suite, Apt. #, etc.



04-14-1999 90163 001 14,638.75

|--|--|--|

3. Date Incorporated or Qualifed

06/20/1974

59-1850370

4. FEI Number

22		27						28-1830370		Not	Applicable		
City & St	ate	7-51	City & State	<u></u>			5	Certificate of Status Desired		\$8.75 A			
23		28	•					Cermicale or Status Desired		Fee Rec	quired		
Zip	Country		Zip	Cour	try		6.	Election Campaign Financing		\$5.00			
24	25	29		30				Trust Fund Contribution		Added to	Fees		
	9. Name and Address of Curre	nt Regis	stered Agent				10.	Name and Address of New I	Registered	Agent			
				1	81	Name							
CONDOMINIUM OWNERS ORGANIZATION OF CENTURY 3501 WEST DRIVE						82 Street Address (P.O. Box Number is Not Acceptable)							
											·		
DEERFIELD BEACH FL 33442-2085					83								
				-	84	City				85 Zip C	ode		
į					- 1	-			FL				
11. Pursuai	nt to the provisions of Sections 617.05 registered agent, or both, in the State	02 and 6	317.1508, Florida Statu	tes, the ab	ove	-named corp	oration	n submits this statement for the pard of directors. I hereby acce	purpose of ot the appo	f changing its i intment as rec	registered iistered		
οπισε ο agent. I	r registered agent, or both, in the State am familiar with, and accept the oblig	ations of	f, Section 617.0503, Fl	orida Statu	tes.	and ownpoint	J.10 DC	and an amond of the copy was			•		
SIGNATUR	4					•					<u> </u>		
	Signature, typed or printed name of registered ag				Agent	signature required		einstating) ADDITIONS/CHANGES TO OF	DATE FICERS A	NO DIRECTO	RS IN 12		
12.	OFFICERS A	ND DIR	ECTORS DELETE	13.	-					Change	Addition		
TITLE	D		MAL DECE LE			17.	n. 00.	OLL, VIOLET HAM C 50 CFIELD BCH.,FL.			D 2 · •••		
NAME	MARCOUX, PAULINE		•	1.2 NA			TKKO	110m 1 50					
STREET ADDRES						ADDRESS //)	1410E	FIGHT BALL ET	224	La 2_			
CITY-ST-ZIP	DEERFIELD BCH FL 33442			1.4 CIT		ZIP U	CEK	CFIELD DOM JEL	20	Change	Addition		
TITLE	SD		☐ DELETE	2.1 TITI						C Ollongo			
NAME	DOMBROFSKY, GAIL			2.2 NA									
STREET ADDRES	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					ADDRESS							
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		□ DELETE	2. 4 CT		r-ZIP		<u>-</u>		Change	Addition		
TITLE	PD		☐ DELETE	3.1 TIT						C. Onlange			
NAME	GOLD, EVELYN			3.2 NA									
STREET ADDRES	* * * * * * * * * * * * * * * * *				-	ADDRESS			٠.				
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		☐ DELETE	3.4. CI1		r-ZIP				Change	Addition		
TITLE	VD .		□ DELETE	4.1 TIT				•		□ cusanâe			
NAME	ECKHOUSE, SAM			4. 2 NA									
STREET ADDRES	,	•				ADDRESS							
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		☐ DELETE	4.4 CIT		-ZIP			·	Change	Addition		
TITLE	T		☐ DELETE	5.1 TIT					1	C Cuiquigo	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
NAME	DELLINGER, BILL					ADDRESS							
STREET ADORE	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									,			
CITY-ST-ZIP	DEERFIELD BCH FL 33442		Doctore	5.4 CIT		-417		 		Change	Addition		
TITLE	D		☐ DELETE	6.2 NA						☐ Onlings			
NAME	MIELE, JULIA			1		**************************************							
STREET ADORE	, u u u					ADDRESS							
	PERPEKT DEACH EL 22442			6.4 CIT	Y-ST	-ZIP i							

14. 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 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, with all other like empowered.

SIGNATURE:

BEBLUFDELLINGER

2/2/99 (954) 428-7013

Applied For

Not Applicable