

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2000 8:00 am
Secretary of State

04-25-2000 90324 001 15,006.25

DOCUMENT # 730012

1. Entity Name

MARKHAM "C" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**MARKHAM C 59
 CENTURY VILLAGE EAST
 DEERFIELD BCH FL 33442**

**MARKHAM C 59
 CENTURY VILLAGE EAST
 DEERFIELD BCH FL 33442-2724**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1850370**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CONDOMINIUM OWNERS ORGANIZATION OF CENTURY
 3501 WEST DRIVE
 DEERFIELD BEACH FL 33442-2085**

Name

Street Address (P.O. Box Number Is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARROLL, VIOLET	
STREET ADDRESS	MARKHAM C 50	
CITY-ST-ZIP	DEERFIELD BCH FL 33442	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DOMBROFSKY, GAIL	
STREET ADDRESS	MARKHAM C 54	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GOLD, EVELYN	
STREET ADDRESS	MARKHAM C 56	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ECKHOUSE, SAM	
STREET ADDRESS	MARKHAM C 59	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DELLINGER, BILL	
STREET ADDRESS	410 S POWERLINE RD.	
CITY-ST-ZIP	DEERFIELD BCH FL 33442	
TITLE	D	<input type="checkbox"/> Delete
NAME	MIELE, JULIA	
STREET ADDRESS	MARKHAM C 62	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAUTMAN, JUDITH	
STREET ADDRESS	MARKHAM C 61	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HORWITZ, ROSE	
STREET ADDRESS	MARKHAM C 53	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE		<input 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 817, 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.

SIGNATURE: Samuel Eckhouse **SAMUEL ECKHOUSE** 12/12/2000 (954) 429-0253
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2007 (9/99)