

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730012

1. Entity Name

MARKHAM "C" CONDOMINIUM ASSOCIATION, INC. ✓

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 APR -3 AM 10:47

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

MARKHAM C 56
CENTURY VILLAGE EAST
DEERFIELD BCH, FL 33442

MARKHAM C 56
CENTURY VILLAGE EAST
DEERFIELD BEACH, FL.

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 _____ (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 type="checkbox"/> Delete
NAME	LAUTMAN, JUDITH	
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 checked="" type="checkbox"/> Delete
NAME	ECKHOUSE, SAM	
STREET ADDRESS	MARKHAM C 59	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	T	<input type="checkbox"/> Delete
NAME	DELLINGER, BILL	
STREET ADDRESS	410 S POWERLINE RD.	
CITY-ST-ZIP	DEERFIELD BCH FL 33442	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MIELE, JULIA	
STREET ADDRESS	MARKHAM C 62	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	400005257854--5	
CITY-ST-ZIP	-04/12/02--01058--001	
	15067.50 ***61.25	
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	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEIBMAN, BILL	
STREET ADDRESS	MARKHAM C 49	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VERIMMEN, JACOB	
STREET ADDRESS	MARKHAM C 52	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 617, 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: Evelyn Gold President Evelyn Gold 9/6/02 954-481-9817
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CCS6018

CR2E037 (9/01)